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Published on behalf of the IDA by
 Think Media, 537 NCR, Dublin 1
 T: +353 1 856 1166
www.thinkmedia.ie

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Audit issue January-December 2019: **3,986** circulation average per issue. Registered dentists in the Republic of Ireland and Northern Ireland.

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Caring Dentist Awards 2022

Are you coming to the Gala Ball?

If you have been nominated for an award, book now for our Gala Ball at www.dentist.ie or ring the IDA office on 01 295 0072

Gala Ball and
Awards Ceremony
Intercontinental Hotel,
Ballsbridge, Dublin 4.

Saturday,
November 19, 2022



Keep Ireland Smiling



Showcasing the future of dentistry

The welcome return to in-person conferences provides great opportunities to meet colleagues, and to showcase impressive Irish research.

I have just returned from a trip to Marseille, for the Pan-European International Association for Dental Research (IADR) Oral Research Congress, and how nice it was to see the world opening up after Covid. I was able to meet colleagues who I hadn't seen since the beginning of the pandemic, and meet so many new ones, some of them making their debut in the research world.

The Irish Division had a strong presence at the conference, with members attending from the Cork, Dublin and Belfast dental schools, and other Irish colleagues from outside academia. At Friday morning's Irish symposium, 'Focusing on clinical and translational research in Ireland', Drs Ikhlas El-Kharim, Hal Duncan and Martina Hayes showcased Irish research. The symposium featured an interesting discussion about the ability of the dental pulp to regenerate, pulp therapies, and also the best way to collect and analyse data for the planning of oral health strategies and services in Ireland.

This means that in the future we could be using a medical model to treat pulpitis with medications, rather than invasive operative procedures. Food for thought...

I was particularly amazed by Dr El-Karim's presentation, where she spoke about the role of pulp fibroblasts to synthesise growth factors in case of pulp infection/injury, and the potential for using this as a real target in strategies to induce the dentin-pulp regeneration process. She also spoke about naturally occurring antimicrobial peptides synthesised and released by several pulp cell types, which have broad-spectrum activity against bacteria, fungi and viruses, and the potential for using them as an alternative to antibiotics to treat polymicrobial infections, such as endodontic infections.

Dr El Karim brought our attention to the fact that with more knowledge about the potential of the dental pulp to regenerate, and our improved understanding of the pathophysiology of pulp inflammation, there is potential for the development of drugs to target pulpitis. If these strategies are successful, extirpation of the dental pulp in case of irreversible pulpitis might be a thing of the past. This means that in the future we could be using a medical model to treat pulpitis with medications, rather than invasive operative procedures. Food for thought...

BDJ and JIDA

Over the summer I had the pleasure to meet up (albeit online) with Dr Stephen Hancocks, the *BDJ* editor, and discuss, among other things, the challenges of being a dental journal editor in 2022.

I am very grateful for Stephen's generosity in sharing his vast experience in a role I am only just starting. We also discussed some potential collaborations between the two journals, and have agreed to start by featuring interviews with each other in both journals.

I would commend Stephen's interview to you (page 237), where he talks about his interesting career path and how the *BDJ* is celebrating its 150th anniversary.

Online dental information

In this edition, Dr Ciara Mulvihill and colleagues present the findings of a study about the quality of the online information relating to third molars (page 252).

This is highly relevant, in a time where students, dentists and patients are using the internet to find out about pretty much everything, including dental diagnosis, treatment, and techniques. A quick search on Google Scholar will reveal numerous publications from all over the world on the subject of online use for dental information.

These studies comment on the use of platforms such as YouTube, Facebook and Google by patients, dental students and dentists. A study conducted in the USA with dental students from five different dental schools showed that up to 95% of respondents considered YouTube videos on clinical procedures to be a helpful learning tool.¹

Obviously, as Ciara and colleagues state, this is no different in Ireland, with Google Keyword statistics showing that 6,800 people search terms related to third molars every month. Ciara and her co-authors discuss the results of their search, and present tools that could be used by clinicians to build practice websites with high-quality information.

I commend this article to you all, and also the clinical tips by Dr Niamh Coffey on the use of PTFE tape in dentistry (page 250), and our clinical feature on the impact of systemic conditions on older patients' oral health by Dr Barry Patton and colleagues (page 257).

Reference

1. Burns, L.E., Abbassi, E., Qian, X., Mecham, A., Simetey, P., Mays, K.A. YouTube use among dental students for learning clinical procedures: a multi-institutional study. *J Dent Educ* 2020; 84 (10): 1151-1158.

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Caring for ourselves

In the busy life of a dentist, it's more important than ever that we take the time to care for ourselves.

I recently had the pleasure of representing the IDA at the Royal College of Surgeons in Ireland (RCSI) Faculty of Dentistry Careers Day. There were many distinguished speakers at the event, speaking on all aspects of dentistry, regulation, and professionalism. However, I was particularly struck by the final speaker, Dr Padraic Dunne of the RCSI Centre for Positive Psychology and Health, who spoke on the topic of burnout in the health sector.

This was Dr Dunne's first time to address a dental audience, and I hope it will not be the last, as his insightful presentation on the need to watch out for and address the signs of stress and burnout really struck a chord.

These events are important for our continuing dental education, but equally important is the opportunity to come out, meet colleagues, and reconnect.

Padraic recommended that all healthcare professionals should self-assess for stress and burnout twice a year, using an online survey such as those available on www.mindgarden.com. After the meeting, I decided to do just that, and was not entirely surprised to find that I met some of the criteria for burnout myself. This also made me think of the response to recent events in Galway, where an orthodontist ceased practice at short notice. In the ensuing media frenzy, commentators and politicians were understandably concerned about the children and young people left without care in the middle of orthodontic treatment. However, I couldn't help but be struck by the lack of concern or thought for the dentist concerned, and what their circumstances might have been.

Tough time

We have all been through an incredibly tough time in the last couple of years, and many of us have also dealt with personal challenges and tragedies during that time. While life is returning to 'normal', dentistry still faces a number of significant challenges, including lack of adequate State funding and the ongoing recruitment crisis.

Dentistry is a very stressful profession, and at times can be a lonely one. In addition to the work of dentistry, we also have to run a business, and manage the increasing and ever-changing regulatory requirements that go with this.

With staff shortages, and high patient expectations, it can be hard to switch off, to put a hard day behind us and move on. It's all too easy to slip into the mindset that we're too busy to take time off, whether to spend more time with our families, or to meet colleagues and engage in CPD.

As we head into winter, for the first time since 2019 we see a full programme of in-person IDA Annual Scientific Meetings, as well as the Association's regional roadshows, beginning to take place. These events are important for our continuing dental education, but equally important is the opportunity to come out, meet colleagues, and reconnect. I would strongly encourage colleagues to make the time to attend your local events.

Supports

We are all busy, but we should never be too busy to take a moment for ourselves. We hear a lot about mindfulness and building resilience in today's society, and sometimes that can feel like lip service that doesn't address the real challenges we face. However, we do need to realise that by changing our mindset, and allowing ourselves to take time to be with family, or share time with colleagues, we are not just helping ourselves. If we are healthier, and in a better frame of mind, we are better dentists, better employers, and better family members.

I know that this is not as easy as flicking a switch – learning to change our mindset and take better care of ourselves takes time, and should really be something we learn from the start of our careers. I would love to see presentations like Dr Padraic Dunne's become part of the undergraduate curriculum so that our new colleagues begin with a set of self-care skills that will stand to them throughout their careers.

Professional support

The IDA has long been a strong supporter of the Practitioner Health Matters Programme (PHMP), which offers appropriate care and support to health professionals in Ireland who may have mental health issues such as stress, anxiety or burnout, or who may have a substance misuse problem. The PHMP can be reached at www.practitionerhealth.ie or 085-760 1274, and offers professional support and total confidentiality to any dentist who needs it.

Letter to the Editor

September 2022

Re: Dr Caroline O'Brien RIP

Dear Editor,

We, the parents of Caroline, wish to convey our sincere gratitude to all of Caroline's dental colleagues who sympathised with us on her passing. We are especially grateful to the many members of the Kerry Branch of the Association and so many of Caroline's classmates who attended her funeral in person.

Yours faithfully,

Tom and Bridget O'Brien,
Tralee, Co. Kerry.

Seán Ó Seachnasaí RIP

The staff and members of the Irish Dental Association were greatly saddened to hear of the recent passing of Dr Seán Ó Seachnasaí.

Seán served as a general practitioner in Raheny, Co. Dublin, until very recently, where he was a respected and beloved figure in his community. He was a highly popular member of the profession and an active member of the Association, particularly within the Metro Branch and the GP Committee.

Seán joined the IDA in 1993. He was a longstanding member of the GP Committee and took over the job of Honorary Secretary for the Committee from 2015 to 2017. At the AGM in April 2019 he was nominated to the role of President Elect, a role he sadly had to step away from almost immediately in May of that year. Seán was a very popular overall winner of the 2018 Colgate Caring Dentist Award and was admitted to the Association's Roll of Honour in May 2021 in recognition of his outstanding service to the profession and the Association.

The Association's officers, staff, and his many friends and colleagues wish to convey their sincere sympathies to his family and his wide circle of friends.



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Irish research in Marseille



At the IADR Oral Health Research Congress in Marseille were (from left): Prof. Brian O'Connell, IADR President; Dr Fionnuala Lundy, Pan-European Region President; Dr Ikhlas El Karim, Belfast; Dr Hal Duncan, Dublin; and, Dr Martina Hayes, Cork.

The Irish Division of the International Association for Dental Research (IADR) held its annual meeting as part of the Pan-European IADR Oral Health Research Congress in Marseille from September 15-17. The meeting was a great success, with a number of presenters from the three Irish dental schools, and a symposium sponsored by the Irish Division.

IADH ISM 2022



The recipients from Ireland of the IADH fellowships pictured with outgoing IADH President Prof. Alison Dougall (third from right) were (from left): Sviatlana Anishchuk; Dr Claire Curtin; Dr Siobhan Stapleton; Dr Gillian Smith; and, Dr Danielle McGeown.

The International Association for Disability and Oral Health (IADH) held its 26th international scientific meeting (ISM) in The Palais de Congress D'Issy in Paris in August.

The theme of the congress was 'quality matters', reflecting the inequalities in outcomes for people with disabilities. The conference was attended by over 480 international delegates from over 30 countries. Prof. Alison Dougall is the outgoing President of the IADH and its first Irish President. A total of 17 delegates from Ireland attended the meeting.

During the congress, the IADH awarded 30 honorary fellowships for the first time. The fellowship award was based on assessment of the clinician's activity and impact in clinical practice, education, research, and advocacy/community outreach. Five Irish delegates were awarded a fellowship: Dr Siobhan Stapleton; Dr Danielle McGeown; Dr Claire Curtin; Dr Gillian Smith; and, dental hygienist Sviatlana Anishchuk.

The next IADH ISM will be held in September 2024 in Seoul, Korea. The Irish Society for Disability and Oral Health (ISDH) successfully won the competitive bid to bring the 28th international conference to Dublin in 2026. For more information, visit: www.iadh.org.

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There has been very strong interest in our courses in basic life support (BLS)/medical emergencies, and medical emergencies for those offering sedation, in association with Safe Hands. Dentists and dental team members who offer sedation need to complete a slightly modified course (dental immediate life support (ILS) course). All courses commence at 9.00am.

DUBLIN

ILS (sedation)

Friday, October 21

BLS

Saturday, October 22

GALWAY

ILS (sedation)

Friday, November 4

BLS

Saturday, November 5

To book, go to the CPD section on www.dentist.ie.



IDA Annual Conference

Lyrath Estate | Kilkenny | May 11-13, 2023



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Annual conference 2023

The Annual Conference 2023 will take place from May 11-13 at the stunning Lyrath Estate in Kilkenny. 2023 is a very special year in the IDA calendar as we celebrate our 100th year. Pre-Conference courses in endodontics, paediatric dentistry, compliance (radiation), composites and oral surgery are all included on the programme. We look forward to welcoming well-known national and international speakers, as well as having a full trade show in attendance. Kilkenny is the place to be next May – make sure to book early! Full programme out soon!

DIARY OF EVENTS

KERRY BRANCH ASM

Friday, October 21, Europe Hotel & Resort, Killarney

This day-long event will feature speakers on periodontal disease, orthodontics, endodontics, and dental trauma management. To book, please go to www.dentist.ie.

SOUTHERN REGION ASM

Friday, November 25, Fota Island Resort, Cork

President of the Region Dr Martin O'Sullivan and his committee have organised a very interesting and varied programme for the Southern Region ASM. Two Dental Protection risk credits will be offered for the day, and a full trade show will also be in attendance. Open to non-members. To book, please go to www.dentist.ie.

METRO BRANCH ASM

Save the date

Friday, March 31, 2023, Dublin Dental University Hospital



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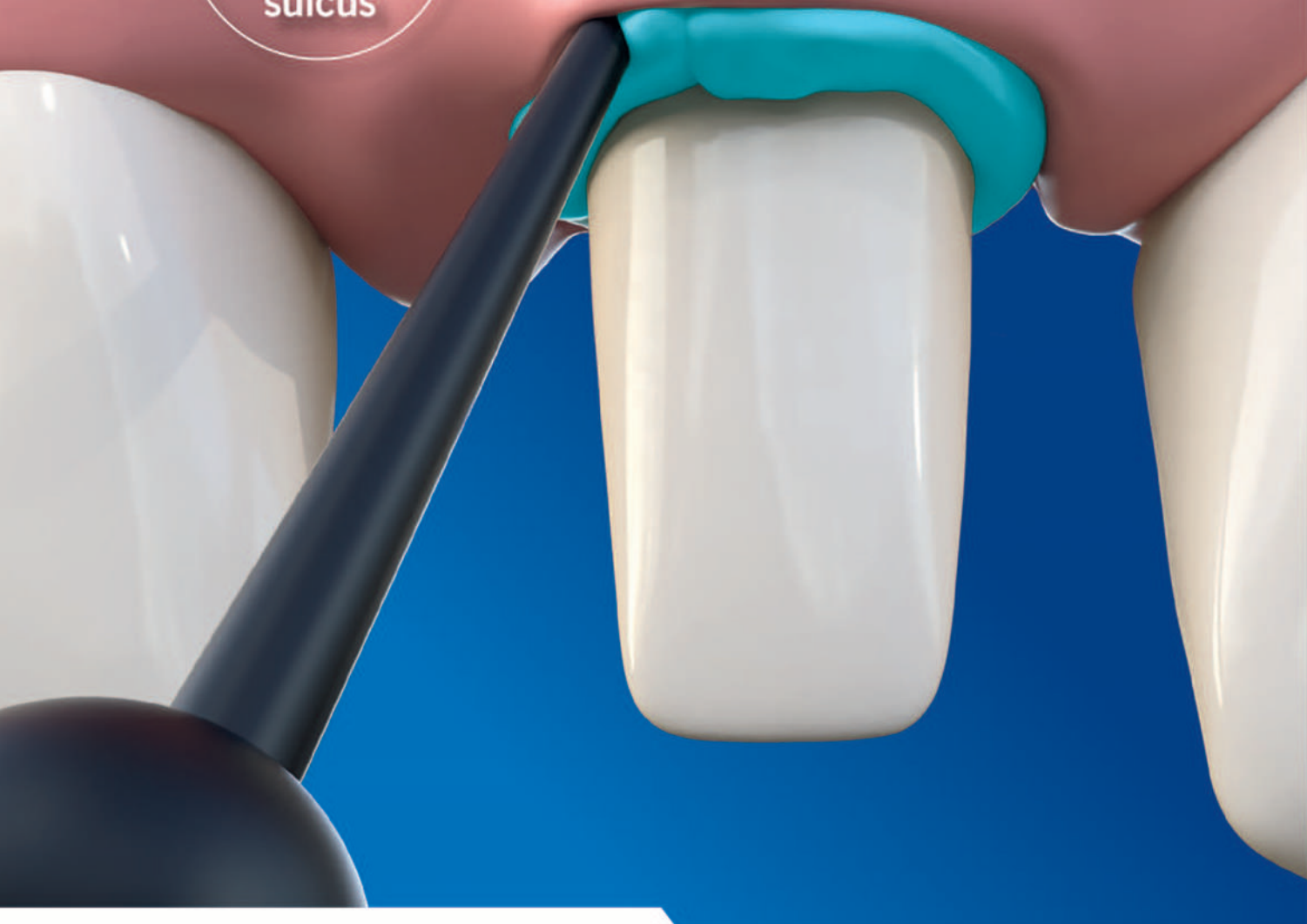
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Colgate Caring Dentist Awards 2022



Jonathan White of Colgate watches as confetti lands on last year's winner, Dr Colm O'Loughlen.

Voting is now closed for the Colgate Caring Dentist and Dental Team Awards 2022. However, there's still plenty of time to book your tickets for the social event of the year. This year's awards ceremony will take place on Saturday, November 19, at the InterContinental Hotel in Dublin. Dress code is black tie.

To book your tickets, go to www.dentist.ie. See you there!

New HSE Group President

The AGM of the HSE Dental Surgeons Group will take place on Thursday, October 13, as part of the HSE Dental Surgeons Seminar in Portlaoise. Dr Joanna Sikorska has been elected President of the Group. Dr Sikorska is a Polish dental graduate and is a general dentist in Tullamore. Before moving to the HSE five years ago, Joanna worked in private practice in the midlands. We wish Joanna well in her term as President.

Mouth Cancer Awareness Day 2022

Many thanks to all who participated in Mouth Cancer Awareness Day 2022 and helped to spread the word on mouth cancer and its effects.

Our thanks in particular to the dentists around the country who supported the initiative by speaking to their local radio station or newspaper on the day about the effects of this disease on patients. With the help and continued support of both the Dublin Dental University Hospital, and Cork University Dental School and Hospital, we also launched an agreed referral pathway for GDPs into specialist care.

Our day concluded with a very interesting webinar on mouth cancer from maxillofacial consultant Mr Tom Barry. This webinar can be viewed online in our library. For further information, go to www.mouthcancer.ie.

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Fewer independent advisers are operating in Ireland over the last 10 years as the marketplace shrinks and consolidates. The pillar banks, AIB Bank and Bank of Ireland are buying up Goodbody and Davy stock brokers respectively. The Canadian owned Irish Life (whose pensions and investments you are sold if you take your advice from the AIB Bank channel) are buying medium to large size brokerages to develop their assets under management.

The CERTIFIED FINANCIAL PLANNER™ designation is a standout in the marketplace for those who want all options evaluated for them. With an estimated 350 acting independently in Ireland they are highly qualified professionals who ensure you are getting the best advice available from all the options in a process that's accountable and transparent.

Turbulent times

At the time of writing, financial markets have endured a torrid 2022. The first six months of the year were the worst start for equities since 1939 and bonds suffered their worst start in history leading to few hiding places for pension and personal investors. In times like this mistakes can be made as investors flee to what they see as safer assets and then miss out on the inevitable bounce back we always see in markets. It's about time in the market instead of timing the market. When you decide you want independent advice that looks at your investment exposure what does this mean to you and how does this translate to an overall financial review? In practical terms, we should not review client investments in isolation and always provide a holistic approach where we analyse the interaction between all your financial affairs as they all have an impact on each other. Our process involves reviews under each of the following headings.

Life cover review

Firstly we look at what you need for protection covering the family, business and loans. There are methods to quantify this and one of the most accurate is to map out the impact of the death of either spouse on future cash flows for a defined period. This is normally to where all children are through college and independent. Once this figure is established we look at any existing policies to see if they fulfil this need. In the majority of cases, we find that clients were over-insured and they ended up saving money by

cancelling policies. In other cases, we find clients are overpaying for cover because due to intense competition in the market place, insurance companies are reducing premiums to drive business and increase market share. For nearly five years, one of the main insurers in Ireland has had a discount of 15% on life cover premiums. However, this discount has to be passed on by the broker which does not happen as much as it should as the commission paid is a function of the premium and discounts impact broker remuneration.

Takeaway #1

If you have taken out life cover in the last five years that was not quantified to fill a specific need or received a discount you should ask your adviser – why?

Business protection has a similar methodology in that we quantify the impact of the death of the business owner and insure accordingly. But what you need to understand is that if the company pays the premium, in the event of a claim the policy proceeds are paid into the business and not directly to your family. This type of cover is suitable for shareholder protection where a business has more than one owner and the proceeds are used to buy back shares under agreement. It is not suitable where the intention is for the proceeds to go directly to your family as they will have to extract the funds from the company and pay the same taxes as drawing a salary. This is a very common problem.

Takeaway # 2

If you were told to have your business pay for life cover to be more tax-efficient, are you aware the policy proceeds are going into the company and are subject to normal taxation on extraction?

Living benefits review

There should be a clear distinction between life cover (death protection) and living benefits which are income protection and serious illness cover. Without a doubt, income protection is the most important cover you can have. Your ability to earn is one of your most valuable unrecognised assets and a culmination of years of hard work, study and determination on your part and needs to be covered. These policies are designed to pay out if you cannot work in your occupation. With 51% of all claims relating to psychological and orthopaedic issues in a profession that is high pressure with you on your feet all day, there would need to be a strong case for not having this. Serious illness is different to income protection in that it pays out a lump sum on diagnosis, typically heart attack, cancer and stroke and works well in tandem with income protection if you are going to be out for a long time or unable to work again.



Colm Moore is a CERTIFIED FINANCIAL PLANNER™ with Moore Wealth Management. They have been advising the dental community for over 20 years. He can be contacted on 086-8603953 or by email at colm@mwm.ie. For more see www.mwm.ie.

Takeaway #3

Medical advances mean you are more likely to survive a major illness than die, but what will you do if you are unable to return to work and earn a living?

Pension review

This section has to have a performance and cost review accompanied by full cashflow modelling that shows the future projections of your pension and the drawdown scenarios when you reach retirement age. Your pension is a supremely tax-efficient tool for wealth accumulation and cash extraction from a business. It is one asset in your retirement armoury and needs to be overlayed with your other assets and income streams to give you a model of retirement and how best to draw cash.

Takeaway #4

Make sure your pension is projected out to the end of life using full cashflow modelling mapping various drawdown scenarios and matches the best in class pensions in the market.

Investments and savings review

This should look at how you are investing personally held funds and determining if you are optimising the most tax-efficient environment for them. Most personally held investments in Ireland suffer from a 1% entry levy, 1-2% annual management charge and 41% tax on gains. This is a tough regime under which to make returns. Options do exist for clients to invest under Capital Gains Tax which removes the 1% entry fee, reduces the annual charge and the tax on gains is at 33% after your annual CGT exemption of €1,270. This is also the section of the report that ties into inheritance tax planning and it will be quantified if you should be accumulating assets in your children's names to take advantage of the small gift exemption which allows any one person to gift another €3,000 per annum with no tax implications. This has no impact on the current lifetime parent/child threshold of €335,000.

Takeaway #5

Determine the best way to accumulate personally held assets and identify the appropriate tax-efficient model for holding them.

Inheritance tax planning

An often overlooked but key piece of financial planning. This is not on many people's radar but when you realise €335,000 per child is the inheritance tax threshold, the problem comes into focus. Only by calculating the combined value of your home, business, pension and

investment assets do you realise that everything above €670,000 (two children), €1,005,000 (three children) etc is going to be taxed at 33% that the problem becomes stark and quantifiable. Many do not realise this is an issue that can be solved. There are innovative solutions in the marketplace for this including one of the more ground-breaking policies ever launched in Ireland. This policy insures both spouses for the calculated inheritance tax liability. On death, the cover amount is received by the estate tax-free for settlement of the bill thus leaving all the assets in the children's names. The remarkable part of this policy is that after 16 years if you have not used the policy you are guaranteed that 70% of the premiums paid are returned to you. This is not conditional on anything other than you deciding you want to end the policy.

Takeaway #6

A comprehensive review will identify if an inheritance tax liability is an issue for you. Seek out a CERTIFIED FINANCIAL PLANNER™ for guidance.

Cashflow modelling

Utilising cashflow modelling software is the future of financial planning and no review is fully complete without this. This enables us to show you a graphical representation of your financial future based on your current set-up projected out to end of life. It takes into account asset growth, savings contributions and taxation.

Takeaway #7

If your adviser is not running cash flow modelling for you they are not providing you with the most in-demand service in financial services today and you need to ask – why?

Continuing our support of the Association

We are enjoying seeing our dental clients in a face-to-face setting again and will be at the following events in the coming months where you will be able to talk to us.

Oct 14	South East ASM in Faithleg House Waterford
Oct 21	Kerry Region ASM The Europe Hotel Killarney
Nov 25	Southern Region ASM Fota Island Resort Cork

If you can't attend one of these events and would like to speak with us, please contact Colm on 086-8603953 or colm@mwm.ie or see more details at www.mwm.ie.

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NEWS

New Dean for Cork



Congratulations to Mr Paul Brady on his appointment as Dean of the Cork University Dental School & Hospital. Paul is a lecturer and specialist oral surgeon. After spending over 15 years in general dental practice, he undertook further training in conscious sedation and implantology before moving into full-time academia. He completed specialist training in oral surgery in 2016 and was awarded his FFD from the Royal College of Surgeons in Ireland.

Available from Coltene

Coltene manufactures a range of tools and consumables in the world of endodontics. For example, the company highlights its HyFlex EDM files, which it states give safe and efficient preparations, with up to 700% higher fracture resistance than other systems. Also available is a combined free-flow gutta-percha with sealer, ROEKO GuttaFlow bioseal, which according to the company actively supports the regeneration of tissue.

Coltene also speaks about its products in the restorative area, such as BRILLIANT Crios reinforced composite bloc, which, according to the company, enables the in-house CAD/CAM manufacture of restorations with exceptional mechanical properties. Also available is BRILLIANT EverGlow submicron hybrid composite, which Coltene states is for highly aesthetic and long-lasting solutions.

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** Sustained plaque reduction above the gumline with continual twice daily use for 12 weeks after a dental cleaning. Flossing was performed by a dental hygienist.

1. Milleman J, et al. Journal of Dental Hygiene. 2022;96(3):21-34.

2. Bosma ML, et al. Journal of Dental Hygiene. 2022;96(3):8-20.

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BUSINESS NEWS

Sustainability with Capitalflow

Capitalflow Group has secured €10m from the new low-cost Energy Efficiency Loan Scheme (EELS) from the Strategic Banking Corporation of Ireland (SBCI). The company states that this funding will enable Irish small and medium-sized enterprises (SMEs) to invest in energy efficiency financing projects, helping them to transition to sustainable energy. Businesses can apply for funding until December 31, 2023.

According to Capitalflow, research shows that Irish SMEs invest just 6% of their budget in energy efficiency, one of the lowest rates in Europe. The lack of competitive funding up to now has been a major roadblock for the Irish SME sector's transition to a lower carbon emission economy.

By obtaining €10m, Capitalflow states that it can directly leverage a positive impact on the climate, and offer SMEs easy access to energy efficiency financing projects. Ronan Horgan, CEO of Capitalflow, said: "We're delighted to be partnering with the SBCI once again in supporting the Energy Efficiency Loans Scheme and the move towards green finance. By investing now, helped by the Energy Efficiency Loan Scheme, businesses can help the environment and reduce their costs in the medium to long term".

June Butler, CEO of the SBCI, said: "I welcome the addition of Capitalflow as a partner for the SBCI Energy Efficiency Loan Scheme. Capitalflow's participation will assist SMEs and farmers in accessing low-cost flexible finance for investment in energy-efficient equipment as they respond to the ongoing increase in energy costs. This Scheme is our first dedicated climate action-related product and has been specifically designed to help Irish businesses to improve their sustainability, cut their energy bills and reduce their carbon emissions by investing in energy-saving measures".

Henry Schein's Back to School turns 25



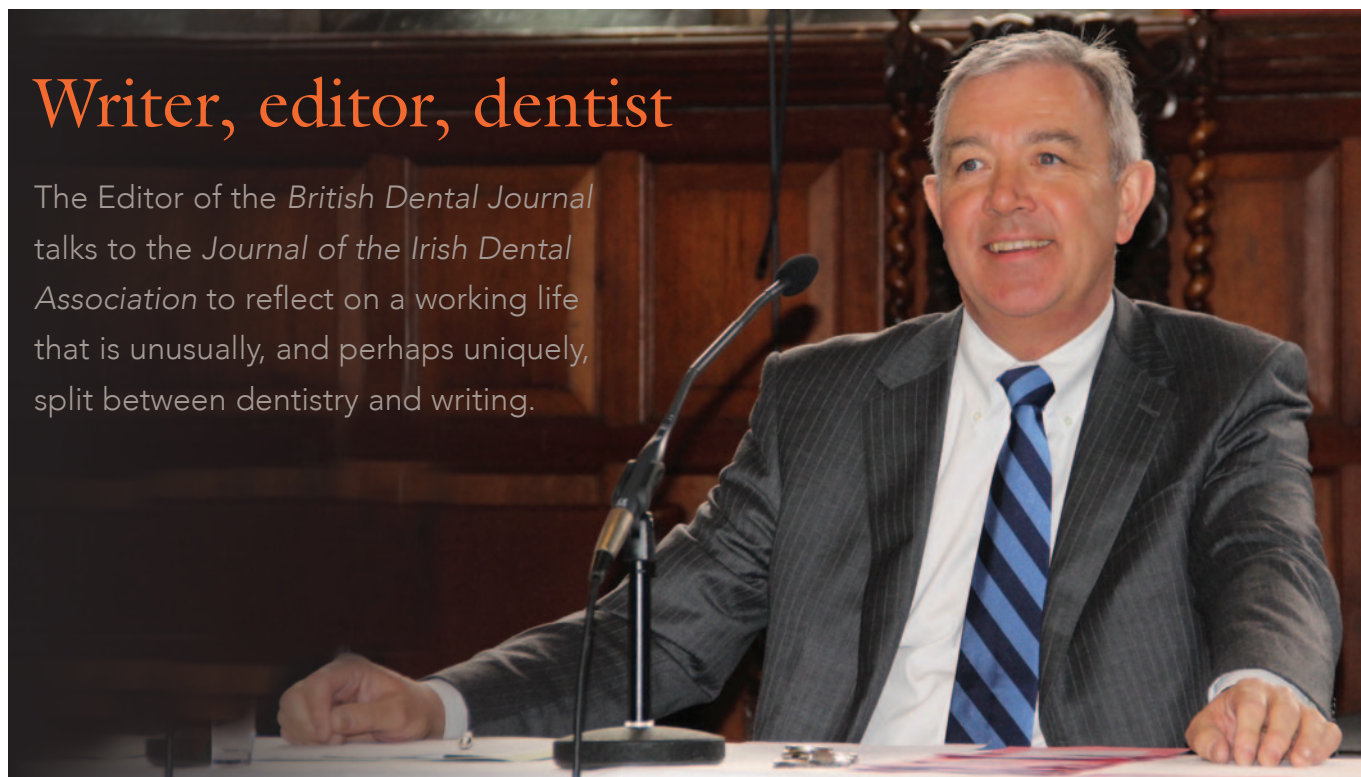
Henry Schein staff working on the company's Back to School programme (from left): Karen Blanco; Alek Lesniak; Lizelle Mills; Siobhán Cleary; Andrew Troy; Christina Guildea; and, Wayne Curtis.

This is the 25th year of Henry Schein's Back to School programme, which provides backpacks, school supplies, and more to support the needs of underserved children and their families. According to the company, this year its staff at 34 locations worldwide donated backpacks filled with school supplies to more than 5,000 children. In Ireland, Henry Schein co-operated with Barnardos as part of the programme. Suzanne Connolly, Barnardos CEO, said: "By collaborating with Henry Schein to support the back-to-school needs of vulnerable children, we can help them achieve great things, because childhood lasts a lifetime".

Paddy Bolger, Managing Director of Henry Schein Ireland, said: "At Henry Schein, our culture is built on the belief that every person is as important as the next, and the Back to School programme exemplifies our commitment to volunteering and community outreach".

Writer, editor, dentist

The Editor of the *British Dental Journal* talks to the *Journal of the Irish Dental Association* to reflect on a working life that is unusually, and perhaps uniquely, split between dentistry and writing.



Dr Stephen Hancocks has been Editor of the *British Dental Journal* (BDJ) since 2004. Given that this is the 150th year of continuous publication of the *BDJ*, it is fair to say that it is a position of considerable esteem in the profession. However, it is no accident that Stephen ended up in a writing role. Indeed, had his heart ruled his head when he left school, he would have gone to drama school rather than dental school.

So how did that happen? A day spent observing his local dentist when Stephen was 13 turned into a Saturday morning job as a dental nurse for that very dentist. The ten shillings per week was a fortune and despite Stephen's great love for all things performance and theatrical, he realised that a steady income as a dentist would give him the chance to return to the theatre at a later stage.

He was right, so he trained as a dentist at University College Hospital London and kept up the writing in his spare time. The year he graduated, he sent some writing in the post to the Head of Scripts at BBC Television, Ian Davidson. To his great surprise, he got a letter by reply asking him to get in touch. He did and that led to a series of successful commissions for both radio and television, with the particular joy of writing for *The Two Ronnies*. (For those readers under a certain age, *The Two Ronnies* was a hugely successful

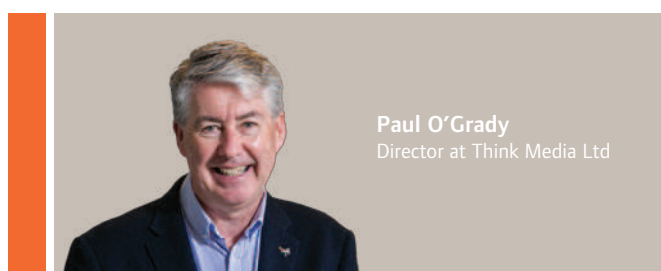
primetime BBC television comedy show starring Ronnie Corbett and Ronnie Barker.)

All through this period though, Stephen continued to practise dentistry. He worked in community and children's dentistry in and around London, including a two-and-a-half year stint as a registrar at the Eastman Dental Institute. If he became very busy with writing, he reverted occasionally to part-time dentistry.

An incursion into dental writing happened in the early 1980s when the Fédération Dentaire Internationale (FDI) advertised in the *BDJ* for someone to provide clinical summaries of papers published in various journals for their newsletter.

A few years later, the then Editor of the *BDJ*, Dr Margaret Seward, invited him to write for the *BDJ*. Then both bodies needed Assistant Editors for publications in their portfolios and Stephen succeeded in gaining the two positions – both part-time. He was still practising dentistry right up until the early 1990s when the FDI (under a new Director) decided to recruit a full-time publishing manager. Stephen worked happily through the 1990s for the FDI until he found an opportunity to return to drama school. In 1999, he went to

He worked in community and children's dentistry in and around London, including a two-and-a-half year stint as a registrar at the Eastman Dental Institute.



Paul O'Grady
Director at Think Media Ltd

The BDJ continues to celebrate 150 years of continuous publication, including right through both world wars. Special covers were commissioned to illustrate the republication of significant papers from throughout the 150 years.

the Royal Central School of Speech and Drama, where he undertook an MA specialising in writing. A life spent writing plays and scripts beckoned until, in late 2004, an unexpected opportunity arose to apply for the top role at the *BDJ*. It arose because the *BDJ* was moving to a new publishing agreement between the British Dental Association (BDA) and Nature/Springer. He was appointed and has been in position ever since.

Content across specialties

What in his view does the *BDJ* do best? He sees the ability of the *BDJ* portfolio of publications to provide useful content across a spectrum of areas (clinical, research, practice management, etc.) through a variety of channels as giving great value to each of the readerships it serves. He especially points to the development of *BDJ Open* in 2015, which describes itself as a peer-reviewed, open-access, online-only journal publishing dental and oral health research from all disciplines.

The journal is owned by the BDA and is the sister journal of the *BDJ*. Stephen says that *BDJ Open* has been particularly successful in attracting international readership. It is a prime example of how the *BDJ* is in fact now a portfolio of six different titles with a mixture of print and online presences. He is most encouraged by the development of themed issues and sees that as a possible approach to a 'BDJ Perio' or 'BDJ Ortho' as a template for the provision of well-collated/curated content on any given area of specialisation in dentistry.

His biggest ambition for the *BDJ* is that it continues to develop its portfolio, including through the use of themed issues.

A century and a half

In the meantime, the *BDJ* continues to celebrate 150 years of continuous publication, including right through both world wars. This year, the *BDJ* selected 12 papers that had been published originally and which they deemed to be of historic significance. They asked 12 experts (one each for the areas relevant to a specific paper) to assess the significance of each paper and to describe the influence it had in changing dentistry. They also asked the experts to imagine what would have happened if the paper had not been published.

Every expert who was invited to carry out this task accepted – which was



This special cover series marks 150 years of the BDJ through visual storytelling. The illustrations ahead hope to encourage people to read the original papers, learn from our past and reflect on what we know now. Here the style, line, gesture and symbolism sets the scene for dental intervention within the Victorian classroom (graphite drawing).

much to Stephen's surprise and satisfaction. As each paper was being worked on, an original piece of art to illustrate the cover of that edition was commissioned from Rachel Jackson, an artist who had trained as a dental nurse, then a dental hygienist and then a dentist. She, in turn, decided to create her artwork in a style that was popular at the time the paper was published.

Dental communication

Stephen believes that dentists don't talk to each other enough. One potential positive aspect of the pandemic was that dentists had to communicate with each other for obvious reasons and the advent of Zoom and other electronic means of communicating have been helpful – but he hopes it will be maintained. The move to multi-seat practices and multi-practice dental groups is generally helpful in alleviating the isolation that some dentists can experience in practice.

Practising dentistry

Having been involved full-time in writing or editing in some form or other since



As healthcare professionals, we cannot fully remedy what we do not recognise as existing. To be successful in treating our patients, the dentist must know about the person, not purely the name of a disease and science that explains it. Here we discover the individual and power of being, through studying a simple group of personal belonging. A portrait without likeness, one might say. (Watercolour painting.)



In the style of a wartime recruitment poster, we gain a sense of the dental profession's need for collaboration. Posters like this were an essential component of communication, in mobilising morale, engaging us in the collective feeling of teamwork, and igniting our professional spirit. (Watercolour and graphite on paper.)

the early 1990s, Stephen has not practised dentistry since then. He doesn't miss it apart from interacting with his patients and following their lives.

Good dentists

Perhaps most appropriately, Stephen has a clear view on what makes a

good dentist: "I actually think it's someone that communicates well. It's the chairside manner. I had a wonderful mentor whose patients adored him because he cared and he was a very good communicator. I think a very good dentist – or any professional – is someone who can communicate well".

On science communication

"The one thing that science writers don't do well is think about their target audience. Science writers are trained to write for other scientists, but in fact we often need to translate that information into normal language."

On the pandemic

"We normally get about 600 papers a year but in 2020 (during the pandemic) we received 1,500 papers. It became overwhelming. I coped with the help of a great partner and by gardening."

On the JIDA

"I think the covers are fabulous, and I don't detect any material difference between the conversations that are happening in the JIDA and the BDJ."

On his upbringing

"I was born and lived in Hemel Hempstead about 25 miles north of London. It was a happy upbringing in which I knew from an early age that I wanted to be involved in performing or acting or involved in the theatre in some way."

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Who's who in Irish dentistry?

This glossary provides a look at the main organisations involved in dentistry in the Republic of Ireland.

Complaints

Dental Complaints Resolution Service (DCRS)

The DCRS helps to resolve disputes between dentists and patients without the need for recourse to legal professionals. It can and does prevent complaints escalating to more serious fora.

Indemnity

Dental Protection MPS

Dental Protection is Ireland's largest dental indemnity provider. It is part of the Medical Protection Society and is active in Ireland, the UK, and in many other countries across the globe.

Insurers

There are a number of insurers offering dental cover in Ireland, including VHI, Laya, and DeCare.

Garda Benevolent Fund

This fund provides a level of dental benefit to gardaí. Claims must be supported by paid receipts and a completed dental chart giving details of work carried out, the date and cost of each item, and the name of the patient.

Oral health promotion

Dental Health Foundation

The Dental Health Foundation has as one of its aims to improve oral health in Ireland through advocacy and oral health promotion. It proactively engages across all platforms in working alongside Government, health and dental professionals, national and local organisations, and the public.

Regulation/policy

Antimicrobial Resistance and Infection Control (AMRIC)

The national AMRIC team issues antimicrobial safety alerts, key messages, etc., to dentists and other community prescribers.

Dental Council of Ireland

The Dental Council regulates the dental profession in Ireland. It produces

codes of conduct and other documents, and deals with serious complaints against dentists. The Dental Council may bring fitness to practise proceedings against dentists.

Department of Health

The Department of Health is the Government department that oversees the regulation, governance, and policy of the health industry in Ireland, including dentistry. It provides funding for the Dental Treatment Services Scheme (DTSS), often called the medical card scheme.

Chief Dental Officer (Department of Health)

The Chief Dental Officer, Dr Dymphna Kavanagh, works within the Department of Health's Health Protection Division. Her work includes, among other projects: the national oral health policy; governance of the Ministerial Expert Body on Water Fluoridation; and, consideration of dental regulation.

Department of Social Protection

The Department of Social Protection is the Government department in charge of the Dental Treatment Benefit Scheme (DTBS), otherwise known as the PRSI scheme.

Environmental Protection Agency (EPA)

The EPA is the competent authority for the Ionising Radiation Regulations, 2019, which cover the protection of workers and members of the public. The use of oral radiology in Ireland must be authorised in advance by the EPA through either a registration or a licence.

Health Information and Quality Authority (HIQA)

HIQA inspects dental practices that provide medical exposure to ionising radiation. HIQA is the Irish body responsible for ensuring that Irish dental practices comply with the European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018 and 2019, which cover the protection of patients during medical exposure.

Health Products Regulatory Authority (HPRA)

The HPRA regulates medicines and medical devices in Ireland. Its remit and regulatory functions include human and veterinary medicines, clinical trials, medical devices, controlled drugs, blood and blood components, tissues and cells, and cosmetic products.

Health Protection Surveillance Centre (HPSC)

The HPSC produces annual epidemiological reports covering all areas of infectious and communicable disease surveillance carried out in Ireland. It



Colm Quinn
Journalist and Sub-Editor,
Think Media

produced the document 'Guidance on Managing Infection Related Risks in Dental Services'.

Health and Safety Authority (HSA)

The HSA's role is the protection of workers, human health and the environment. It also oversees that products are compliant with EU legislation. It has published guidance on occupational hazards in dentistry.

Health Service Executive (HSE)

The HSE is Ireland's national health service, which provides some dental care to children and special needs patients.

Local authorities

Local authorities are the competent authorities appointed for monitoring compliance requirements for dental facilities' handling of amalgam waste. Each local authority is obliged to monitor compliance by dental practitioners situated within its functional area.

Workplace Relations Commission (WRC)

The WRC is the body to which industrial relations disputes, and disputes and complaints about employment laws, are referred. The WRC also provides advice to people on their rights as workers, and publishes material on employment rights and industrial relations.

Representative bodies

Irish Dental Association (IDA)

The IDA is the representative body for dentists in Ireland. The IDA's mission is to represent dentists in Ireland, to advocate for oral health, and to educate and support dentists in developing ethical, rewarding and sustainable practice on a lifelong basis.

Irish Dental Hygienist's Association (IDHA)

The IDHA advocates for dental hygienists and oral health in Ireland. One of its initiatives is Brush Bunny, which encourages daily toothbrushing in preschools.

Irish Dental Nurses Association (IDNA)

The IDNA is involved in the promotion, education and development of the dental nursing profession in Ireland. The group supports all dental nurses in the provision of oral health services to the community.

Irish Dental Trade Association (IDTA)

The IDTA represents and supports manufacturers and suppliers of dental products, services and technologies, to the benefit of members, the dental profession, and the public.

Special interest groups

Irish Dental Benevolent Society

The Society is a registered charity operating in the Republic of Ireland, which provides discretionary financial or other relief, when practicable, to dentists and/or their families, when the need arises.

Irish Endodontic Society

The Irish Endodontic Society promotes and advances the study of pulp conservation and endodontic procedures. Its ASM is usually held in January, and attracts Irish and international speakers.

Irish Society for Dentistry for Children (ISDC)

The ISDC is dedicated to promoting good oral health among children and teenagers. It maintains a national network of oral healthcare professionals who are passionate about the oral health of children.

Irish Society for Disability & Oral Health (ISDH)

The ISDH wants to empower people with special healthcare needs and those who support them to achieve oral health through advocacy, community and education.

Irish Society of Periodontology (ISP)

The ISP has a special interest in the prevention, diagnosis and treatment of diseases affecting the gums and the supporting structures of the teeth, and in the placement and maintenance of dental implants.

Mouth, Head and Neck Cancer Awareness Ireland (MHNCAI)

MHNCAI has been involved with Mouth Cancer Awareness Day (MCAD), which is usually held annually in September. The body promotes awareness of the signs and symptoms of MHNC to the public.

Orthodontic Society of Ireland (OSI)

The OSI is the professional body for orthodontists in Ireland, and promotes best practice through education and research.

Practitioner Health Matters Programme (PHMP)

Any doctor, dentist or pharmacist in Ireland who has a concern about stress, burnout, mental health difficulties, or who may have an alcohol or drug misuse problem, can receive confidential help from experts at the PHMP.

Undergraduate and postgraduate education

Cork University Dental School and Hospital (CUDSH)

The CUDSH trains undergraduate dentists, along with dental nurses and dental hygienists. On its postgraduate programme are the doctorate in clinical dentistry and the master's in dental public health.

Dublin Dental University Hospital (DDUH)

Part of Trinity College Dublin, the DDUH is one of two schools in the State providing undergraduate training for dentists, dental nurses and dental hygienists. The DDUH also provides many postgraduate programmes in areas such as orthodontics, special care dentistry, conscious sedation, and much more.

Royal College of Surgeons in Ireland Faculty of Dentistry (RCSI)

The RCSI provides postgraduate education to dentists. Its Faculty of Dentistry runs a number of courses and scientific events.



MEMBERS' NEWS

IDA on the road

The IDA's regional meetings have brought vital information to members around the country.

During September and October, the IDA held a number of regional meetings around Ireland. The purpose of the meetings was to update members on important developments in dentistry, and to give members the opportunity to meet and reconnect, and to offer their views to the Association on these vital issues.

The Dublin regional meeting took place on September 29 in the Radisson Blu

2021, and the Board identified it as the single greatest priority for private practice members and indeed the entire membership. Principal dentists could face an annual liability of up to €40,000, and possibly retrospection of as much as €250m for all Irish dentists. There were also serious issues for dentists in border counties, as there is no such VAT liability in Northern Ireland. Fintan outlined a number of measures taken by the Association to address this

need for members to do anything for now. It is expected that Revenue will now communicate to the professional bodies for accountants, tax experts and lawyers through their consultative body, and dentists' accountants or tax advisers will then be in a position to discuss with and advise them on any changes that may be needed to avoid potential exposure to any VAT liability.

DTSS

Association President and former GP Committee Chair Dr Caroline Robins addressed the meeting on the DTSS. She outlined that an IDA negotiating team comprised of Fintan Hourihan and Roisín Farrelly of the IDA, with Drs Caroline Robins, Will Rymer, Rosemarie Maguire, Cormac McNamara, Kieran O'Connor, Mairead O'Connor and Tom Rodgers, have been meeting Department of Health and HSE representatives to attempt to persuade them that a new scheme is needed that will work for all parties.

She said that Budget 2023 was the biggest in the history of the State, but dentistry was allocated a mere €5m additional budget, plus a miserly €9m payment to deal with the immediate backlog.



Pictured at the IDA's regional meeting in Dublin were (from left): Manager of the IDA's Communications and Advisory Service Roisín Farrelly; IDA President Dr Caroline Robins; and, IDA CEO Fintan Hourihan.



reach of questions to try to identify the nature and scale of the staffing crisis, the impact it is having on access to dental care, and possible solutions supported by IDA members. Roisín said that the survey had an excellent and

that the IDA plans a solution-focused approach, and is developing its own workforce plan, among other proposals, to bring to Government. She appealed to members to get involved, and tell their own and their patients' stories, and said the IDA would be happy to provide media training for anyone who wished to participate.

Legislation and Smile agus Sláinte

Fintan Hourihan spoke briefly on proposed changes to dental legislation, and on the national oral health policy, Smile agus Sláinte.

He said that rather than introducing a completely new Dentists Act, to replace the 1985 Act, the Department now proposes to effect change through smaller pieces of legislation, and amendments to existing laws. Areas likely to be covered include: the inspection of dental practices; incorporation; and, mandatory CPD. He said that the Association would keep members apprised of any developments, and would work with the Dental Council, which has made a detailed and extensive submission to the Department on the issues that need to be addressed by legislation.

Mandatory sick pay from 2023

As the bells ring out for 2023, practice owners need to know that they also herald the arrival of statutory sick pay for employees.





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ACTEON

Changing practices – planning your exit well

There are many important considerations to bear in mind when leaving a practice, to ensure a smooth handover of patients, and deal with possible difficulties that may arise after you've left.

At Dental Protection, we are regularly asked for advice when disagreements arise between colleagues – especially between principals and associates. This can be particularly challenging when the parties have parted on less than amicable terms. Some of the resultant issues and disputes could have been mitigated if there were more clearly defined and thought-through parameters in place from the beginning.

Your contract

Before entering into a new agreement, it is important to carefully review any contract. You may wish to consider whether you want to agree to a certain notice period to be given by either party to terminate the contract. Are there any restrictive covenants after departing the practice, e.g., preclusion from working within a specified geographical radius? What are the financial arrangements for outstanding patient bad debts when you leave?

Dentists are provided with very little training in this area prior to graduation, and we do see instances of disputes between parties that can rapidly escalate. Dental Protection would encourage anyone starting in a new role to have their contract reviewed by a suitably qualified legal professional.

Dental Council guidance

In the Dental Council's Code of Practice relating to Professional Behaviour and Ethical Conduct (2012) it states that "you must arrange to look after your patients if you leave your dental practice", and that "if you accept a patient for treatment, you must complete the agreed course of treatment safely and to a satisfactory standard".

There are important considerations to bear in mind when leaving a practice. Are all outstanding treatment plans completed? If not, what are the arrangements for continuity of clinical care? If you had a specific clinical interest, e.g., short-term orthodontics, will your successor or the practice itself be able to provide follow-up care?

The simplest way of overcoming the difficulties thrown up by continuity of patient care is to plan your exit from a practice well in advance. By doing so, you can notify your patients ahead of time and this will help you avoid any surprises. This approach may also allow you to refer complex treatment plans to colleagues, to avoid the patient having to change clinician mid treatment.



Record keeping

Robust record keeping is one of the central pillars in clinical risk management. Ensure that your clinical records are of an adequate standard – that is, your records should facilitate another practitioner who replaces you. A helpful exercise would be to review some records from a few months back and consider whether you can easily understand what discussions you had with the patients, what treatment options were explored, what risks and benefits were considered, and the final agreed treatment plan. If this basic information is missing, then it would be harder for any dentists taking over the patient's care.

Complaints

Before you move to another practice, it is important to discuss what process is in place for any patient issues or complaints once you have moved on. Consider posing the following questions:

1. How will you be informed and asked for your comments?
2. Will you be notified of all patient complaints or just the ones the practice considers to be significant?
3. Who will respond to the patient – yourself or the practice?
4. If remedial treatment is required, what financial arrangements are in place (especially regarding retained sums)?
5. What if you disagree with the approach to the complaint?

Dr George Wright
Deputy Dental Director, Dental
Protection



Dental Protection regularly sees difficult situations arising out of disagreements on handling complaints, particularly after the treating clinician has left the practice. Ordinarily, it is preferable for the practice to inform the treating dentist of any complaints made by patients, so that they may then provide a response to the patient having had an opportunity to review the clinical records.

The risk of the practice attempting to handle the complaint is twofold. It is very challenging (and ordinarily inappropriate) for an individual not responsible for the treatment to comment on the clinical issues. Perhaps more significantly, the complaint may not be handled as the treating dentist would like, and can occasionally cause unnecessary escalation of the complaint. It is unfortunately not uncommon for an outgoing dentist to first become aware of a complaint when it has escalated to a point where the opportunity for a simple intervention to nip it in the bud has been lost.

Patients who want to be treated at your new practice

Upon leaving a practice, some patients may wish to continue being treated by you, particularly if you continue working locally. Patients may request the details of your new practice. Find out the practice policy about divulging your new practice, whether patient records can be transferred to the new practice, and whether there is a reference to ownership of records in your original associate contract.

In the Dental Council's 2012 Code of Practice, it states: "You must not canvass for patients or try to persuade patients to leave another dentist or practice. This is particularly important when a dentist is leaving a practice".

You do not want to be seen as obstructive or evasive when asked by patients about where you are moving to. A simple discussion with the practice principal to agree on what you can say, when asked, will avoid any unnecessary conflict. You may, for instance, wish to reach an agreement for patients undergoing treatments, such as orthodontics or implants, where it may be preferable for you to continue the treatment and avoid the patient having to switch dentist midway through care.

Moving forward

Communication is the key to early resolution and avoidance of any unnecessary escalation. The value in parting on good terms cannot be overstated. It is important to keep in touch with your former practice – updating them if your contact details change and, particularly in the early days and months after your departure, perhaps reaching out to them every now and then to check in on how former patients are doing.

Hopefully by following some of these basic principles, changing practices can be easily managed with minimal stress. As always, Dental Protection's team of dento-legal experts remain on hand to answer any specific concerns that may arise before, during, or long after you have moved on to new pastures.

For more information, visit dentalprotection.org.

Quiz

Submitted by Dr Mairéad Harding.

1. The 2030 Agenda for Sustainable Development, adopted by all United Nations member states in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the Sustainable Development Goals (SDGs), which are an urgent call for action by all countries – developed and developing – in a global partnership. How many SDGs and targets were introduced?

- ☐ A. 10 with 174 targets
- ☐ B. 13 with 173 targets
- ☐ C. 15 with 160 targets
- ☐ D. 17 with 169 targets

2. The 74th World Health Assembly of the World Health Organisation (WHO) has approved a resolution on oral health. In what year and month did this occur?

- ☐ A. May 2012
- ☐ B. May 2015
- ☐ C. May 2021
- ☐ D. May 2022

3. The 74th World Health Assembly (WHA) of the WHO resolution on oral health came X years after oral health was last addressed in a resolution by the WHO:

- ☐ A. 10
- ☐ B. 14
- ☐ C. 15
- ☐ D. 16

4. The Global Burden of Disease Study 2019 estimated that oral diseases affect close to 3.5 billion people worldwide, with caries of permanent teeth being the most common condition. How many billion adults globally are

estimated to suffer from caries of permanent teeth, and how many million children are estimated to suffer from caries of primary teeth?

- ☐ A. 1.5 billion and 450 million
- ☐ B. 1 billion and 400 million
- ☐ C. 2 billion and 520 million
- ☐ D. 3 billion and 500 million

5. Approximately how many people globally are estimated to be receiving community water fluoridation?

- ☐ A. 57 million
- ☐ B. 150 million
- ☐ C. 255 million
- ☐ D. 377 million

Answers on page 263.

The use of PTFE tape in restorative dentistry

PTFE tape has a number of useful applications in dentistry.

The use of polytetrafluoroethylene (PTFE) tape in dentistry is growing in popularity worldwide, due to its ease of use, low cost and multiple applications. PTFE tape can be purchased from dental suppliers at a low cost, and comes in a variety of different brands and thicknesses, the most common being 0.02mm or 0.075mm (Figure 1).

Benefits include its moisture resistance, tear resistance, and the ability to adhere to and be adapted to different surfaces. Due to its high melting point (over 300°C), it can be autoclaved to ensure that it is sterile before use. For longer sections, it can be wrapped around a tongue depressor (Figure 2).

PTFE tape can be used for a multitude of different procedures, including restoration of implants, where it is often utilised to seal an abutment screw before sealing the access openings. In guided tissue and bone regeneration techniques, PTFE membranes act as a mechanical hindrance to prevent invasive proliferation of connective tissue cells, while protecting the wound from mechanical disruption and salivary contamination. Some restorative uses of PTFE tape will be discussed in this article. Please note that this list is not exhaustive. Some of the most common applications of PTFE tape in general restorative dentistry include:

1. Isolation during composite fillings.
2. Isolation when fitting indirect restorations (crowns, veneers, etc.).
3. In lieu of retraction cord during restorative treatment.
4. As an intermediate restoration between endodontic appointments.
5. Block out material for impression taking.

1. Isolation during composite bonding

One of the best-known uses for PTFE tape in restorative dentistry is for isolating a (usually anterior) tooth in order to prevent restorative materials, such as etchant and bonding agents, encroaching on the adjacent teeth (Figure 3). It can result in better contours and tighter contacts than those traditionally achieved using mylar or clear strips. Some tips include:

- ensure the adjacent teeth are dry to improve adhesion to the tape; and,
- use a microbrush to remove folds that may form.

2. Fitting indirect restorations

Another use of teflon tape is the isolation of adjacent teeth during the seating of a crown or other indirect restoration. Similar to the method described above,



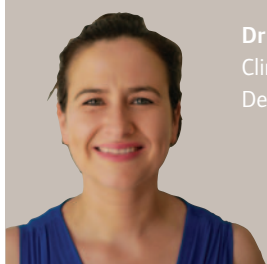
FIGURE 1: Different brands of 0.075mm PTFE tape are available.



FIGURE 2: Lengths of PTFE tape wrapped around tongue depressors prior to sterilisation.



FIGURE 3: Anterior tooth isolated from adjacent teeth with PTFE tape.



Dr Niamh Coffey
Clinical Fellow in Restorative
Dentistry, UCC

the PTFE tape can be placed on adjacent teeth in order to prevent excess cement bonding to them. It can be wrapped closely around adjacent teeth and can be stretched up to twice its original length without splitting. This will result in less time needed to clean off excess cement post fit.

3. In lieu of retraction cord

PTFE is hydrophobic and haemostatic; therefore, placing it in the gingival sulcus can provide great isolation (Figure 4). It has the added benefit of not catching and spinning out if caught by a bur, which sometimes happens with a cord.

Tip:

- Roll and pack the tape into the sulcus with firm pressure, using a flat plastic or similar to pack it. Wetting the instrument before packing can help to avoid the material being lifted during packing.

4. Spacer between endodontic appointments

Historically, a cotton pellet or sponge would be placed under a temporary restoration between two endodontic appointments. PTFE can be used as an alternative, as it is easy to place and remove. Unlike cotton, it does not adhere to the restoration or leave fibres behind. Even more importantly, PTFE is antimicrobial and has been proven to allow significantly less bacterial growth than cotton (Olsson *et al.*, 2017).

Tip:

- Place calcium hydroxide as an intra-canal medicament, followed by an approximately 6cm length of sterile PTFE into the pulp chamber as a spacer. Finally, place an intermediate restoration such as Cavit (Figure 5).

5. Block out material for impression taking

One area of impression taking that can cause some difficulty is the blocking out of impression material from unwanted areas, for example, in areas of hard or soft tissue deficiencies, such as black triangles. If the material is retained in these sites, the impression can be torn, and a new impression may be needed. This will result in longer appointment time and a potentially unpleasant experience for the patient.

Commonly used materials to 'block out' these areas include beading wax or temporary fillings. However, the removal of these post impression can be time-consuming and messy.

Tip:

- Condense PTFE tape in areas where there is a small defined undercut (Figure 6). The removal afterwards is straightforward.

Conclusion

PTFE tape is a very useful product to have in your dental practice. Although it may take some practice initially, its adaptability and ease of use can result in superior restorative outcomes.

Recommended reading

Olsson, T., Chan, D., Johnson, J.D., Paranjpe, A. *In-vivo* microbiologic evaluation of polytetrafluoroethylene and cotton as endodontic spacer materials. *Quintessence Int* 2017; Jul 20: 609-614.



FIGURE 4: Rolled PTFE tape being used as a retraction cord.



FIGURE 5: Sterile PTFE tape in a pulp chamber, prior to Cavit placement.



FIGURE 6: PTFE tape in situ in the black triangles between UR1, UR2 and UR3, prior to impression taking.

Quality assessment and review of online information relating to third molar pain and removal

Précis

Dental information on the internet is unregulated and varies in quality, accuracy and readability. This paper aims to assess the quality of the information online relating to third molars.

Abstract

Statement of the problem: Dental professionals have embraced the internet as a means to enhance patient care and optimise access to dental services. However, dental information on the internet is unregulated and varies in quality, accuracy and readability.

Purpose of the study: This paper aims to assess the quality of the information online relating to third molars.

Materials and methods: Two key terms ('wisdom tooth pain' and 'wisdom tooth extraction') were entered into the Google, Yahoo and Bing search engines. Websites were assessed using the DISCERN and the HoNCode instruments.

Results: A total of 60 websites were assessed. Two websites were excluded in accordance with the exclusion criteria and 15 duplicate websites were excluded, leaving 43 unique sites. In the websites addressing 'wisdom tooth pain', the average HoNCode score awarded was 40% (range 13-72%), while the average DISCERN score awarded was 43 (range 24-70). In the websites addressing 'wisdom tooth extraction', the average HoNCode score awarded was 35% (range 15-75%) while the average DISCERN score awarded was 35 (range 25-69).

Conclusions: The overall quality of the websites assessed is fair. This result shows that the reasonable patient may be misinformed by internet sources on material risks. Clinicians should be aware of tools such as DISCERN and HoNCode, and utilise them in the development of online content for their own practice.

Journal of the Irish Dental Association October/November 2022; 68 (5): 252-256

Introduction

Traditionally, clinicians have served a central gatekeeping role with respect to medical and dental information. Advice regarding diagnosis and available treatment options is discussed between clinician and patient at the consultation appointment.¹ The internet has upended this process.¹ Patients have instant access to health-related information, with virtually unlimited explanations of diagnoses and surgical procedures readily and abundantly accessible.^{1,2} In fact, in one US study, 50% of patients reported going to the internet over physicians for specific health information, and a further 64% reported going online looking for specific health information in the last 12 months.³ Examining the numbers in Ireland reveals a similar picture. When

considering third molars in particular, 3,600 people search 'wisdom teeth', 1,900 search 'wisdom tooth pain', and 1,300 search 'wisdom tooth extraction' every month according to Google Keyword statistics.⁴

Undoubtedly, the internet can be an invaluable resource. It can be used by clinicians to direct patients to suitable animations of surgical procedures and guidelines from professional societies, all of which aid patients' understanding⁵ and subsequent participation in treatment decisions. These benefits must be weighed against the potential negative impacts of receiving medical information without context. Difficulties lie in the lack of standardisation of health-related information available online.⁶ The fundamental problem with online resources is that they are unregulated, with an inconsistent quality of



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information offered.⁷ For example, patients are often directed to information in the form of hearsay – anecdotes about people who faced similar clinical situations. This can often be hyperbole, grossly inaccurate and the most extreme of operative outcomes.² Falsehoods are easily and rapidly propagated on the internet. As a result, our patients can either have an informed understanding of the risk–benefit balance or, conversely, they may be misinformed or subjected to bias.⁶ This situation presents a challenge to the healthcare provider, and must be considered both at the initial consultation and during the course of obtaining informed consent.

A quality assessment and review of online information available to the dental patient is pertinent. In an attempt to snapshot a patient's online experience, a qualitative assessment of information relating to third molars on searchable websites was assessed. The working hypothesis was that many websites can be biased and contain inaccurate anecdotal information. This may prove problematic for clinicians, as patients may have unrealistic expectations or concerns as a result of online sources.

Objectives

To assess the quality of the information online relating to third molar symptoms and removal.

Materials and methods

A search strategy was created in an effort to recreate online searches by dental patients. The term 'wisdom tooth' was first selected as a layman's term for third molar. The search terms 'wisdom tooth pain' and 'wisdom tooth extraction' were then selected. These appeared as the two most common searches in relation to third molar teeth (**Figure 1**). The Google, Bing and Yahoo⁸ search engines were used to search for these terms. It is widely reported that users view only the first page of internet search results.⁹ Thus, the top 10 websites from each search were included for screening. Exclusion criteria included adverts, duplicates and websites that were not relevant to the search terms. The remaining websites were then evaluated using the DISCERN instrument¹⁰ and the Health on the Net Code (HoNCode).¹¹ Two of the authors independently scored the websites and the results were collated. In case of a discrepancy, the score in doubt was evaluated and the heterogeneity was solved through discussion.

DISCERN

DISCERN¹⁰ is a well-recognised quality criterion for consumer health information, which is funded by the National Health Service Executive Research and Development Programme (UK). It can be used to judge the reliability of a website as a source of information about treatment choices and rates the quality of the website in terms of its content. It consists of 16 questions, rated on a scale of 1–5, with three subsections: reliability; treatment choices; and, overall rating. Each question is scored 1 for a "definitive no", 2–4 for "partial yes", or 5 for a "definitive yes". The DISCERN items are grouped into three main groups: questions 1–8 relate to the reliability of information; questions 9–15 relate to the specific treatment choices; and, question 16 offers an overall quality rating of the information. The DISCERN scale scores range from 16 to 80 and are categorised as follows: 'excellent' denotes scores of 63 to 80 points; 'good' denotes scores of 51 to 62 points; 'fair' denotes scores of 39 to 50 points; 'poor' denotes scores of 27 to 38 points; and, 'very poor' denotes scores of 16 to 26 points.



wisdom tooth
wisdom tooth extraction
wisdom tooth pain
wisdom tooth
wisdom tooth extraction dublin
wisdom tooth removal
wisdom tooth extraction cost
wisdom tooth infection
wisdom tooth coming up
wisdom tooth surgical extraction
wisdom tooth extraction cost ireland

FIGURE 1: Most commonly searched Google search terms related to wisdom teeth.

FIGURE 2: HoNCode Health Website Evaluation tool.

Health On the Net Code (HoNCode)

The Health On the Net (HON) Foundation¹¹ is a non-governmental, non-profit body that is endorsed by the World Health Organisation (WHO). The HoNCode is a widely accepted verification tool used by health information websites (**Figure 2**). Websites are evaluated based on eight core criteria: authorship; complementary information; maintaining privacy; appropriate referencing of information sources; claim policy; transparency; disclose funding source; and, clear advertising policy.

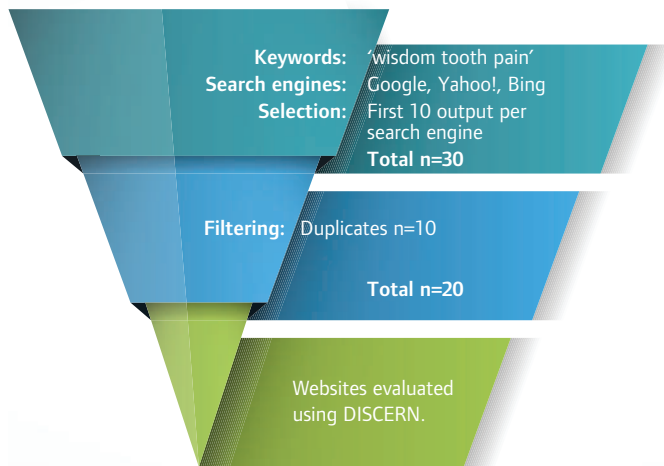


FIGURE 3: Website analysis flowchart for 'wisdom tooth pain'

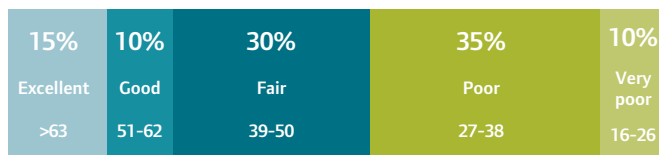


FIGURE 4: DISCERN grading for websites relating to wisdom tooth pain.

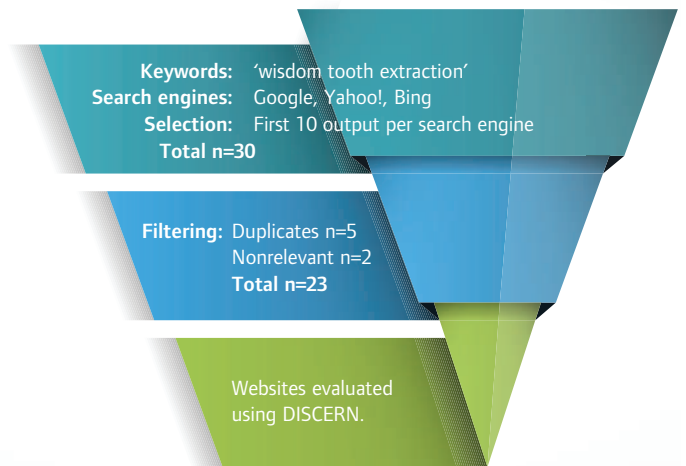


FIGURE 5: Website analysis flowchart for 'wisdom tooth extraction'.

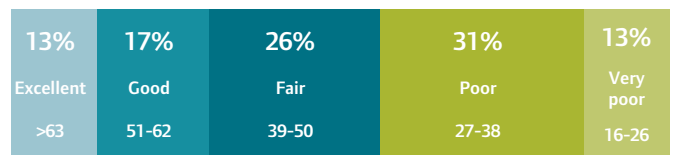


FIGURE 6: DISCERN grading for websites relating to wisdom tooth extraction.

Table 1: DISCERN grading for websites relating to:
A. wisdom tooth pain; B. wisdom tooth extraction.

Grades	A. Wisdom tooth pain N=20	B. wisdom tooth extraction N=23
Excellent (>63)	3 (15%)	3 (13%)
Good (51-62)	2 (10%)	4 (17.5%)
Fair (39-50)	6 (30%)	6 (26%)
Poor (27-38)	7 (35%)	7 (30.5%)
Very poor (16-26)	2 (10%)	3 (13%)

Results

Wisdom tooth pain

The initial search returned a large number of websites, with a total of 25,300,000 results for 'wisdom tooth pain' across the three search engines. Ten websites from each search engine were screened, totalling 30 websites. Ten duplicate websites were excluded and the 20 remaining websites were included for assessment (Figure 3). Both the DISCERN and HoNCode assessment tools were applied to each of the included websites. The average DISCERN score awarded was 43 (range 24-70, standard deviation 15), falling into the 'fair' category. The mean scores for each DISCERN question relating to the website associated with the search term 'wisdom tooth pain' are detailed in Table 1. The breakdown of DISCERN gradings is presented in Figure 4. The average HoNCode score awarded was 40% (range 13-72%, standard deviation 19).

Table 2: Mean scores for each DISCERN question relating to the website associated with the search term: A. wisdom tooth pain; B. wisdom tooth extraction.

DISCERN questions

A = Wisdom tooth pain 1-5 (standard deviation).

B = Wisdom tooth extraction 1-5 (standard deviation)

	A	B
1. Are the aims clear?	3.8 (0.6)	3.4 (0.7)
2. Does it achieve its aims?	3.6 (1)	3.5 (0.7)
3. Is it relevant?	3.4 (1.3)	3.5 (0.8)
4. Is it clear what sources of information were used?	1.8 (1.4)	1.4 (0.9)
5. Is it clear when the information used was produced?	1.8 (1.2)	1.6 (1)
6. Is it balanced and unbiased?	3.3 (1.3)	3.3 (1.1)
7. Does it provide additional sources of support/information?	2.9 (1.2)	2.1 (1.1)
8. Does it refer to areas of uncertainty?	3 (1.4)	2.9 (1.4)
9. Does it describe how the treatment works?	1.9 (1.2)	2.4 (1.3)
10. Does it describe the benefits of each treatment?	2.3 (1.7)	2.5 (1.6)
11. Does it describe the risks of each treatment?	1.9 (1.5)	2.6 (1.6)
12. Does it describe what would happen if no treatment was used?	2.2 (1.4)	2 (1.4)
13. Does it describe how the treatment choices affect quality of life?	2.7 (1.3)	2.2 (1.3)
14. Is it clear that there may be more than one possible treatment choice?	2.6 (1.2)	2.7 (1.3)
15. Does it provide support for shared decision-making?	3.3 (1.3)	2.9 (1.2)
16. Overall quality of publication as source of information?	2.9 (1.1)	2.8 (1.2)

Wisdom tooth extraction

The initial search for 'wisdom tooth extraction' returned a large number of websites, with a total of 29,900,000 results across the three search engines. Ten websites from each search engine were screened, totalling 30 websites. Five duplicate websites and two non-relevant websites were excluded. The 23 remaining websites were included for assessment (**Figure 5**). Both the DISCERN and HoNCode assessment tools were applied to each of the included websites. The average DISCERN score awarded was 40 (range 25-69, standard deviation 14), which falls into the 'fair' category. The mean scores for each DISCERN question relating to the website associated with the search term 'wisdom tooth extraction' are detailed in **Table 2**. The breakdown of DISCERN gradings is presented in **Figure 6**. The average HoNCode score awarded was 35% (range 15-75%, standard deviation 21).

Discussion

The aim of this study was to assess the quality and relevance of online health information regarding third molars, using a scale developed for this purpose. An internet search of 'wisdom tooth pain' and 'wisdom tooth extraction' was found to lack sensitivity, and the results varied greatly with only minor differences in the search terms used. The quality of the information available is largely inconsistent: deemed only 'fair' for both terms according to one evaluation tool used. Indeed, of those websites that were graded 'excellent', these sites were found to be excessively lengthy, not reader friendly, and likely to deter the average patient.⁷

The websites that achieved the highest quality scores were concise; the content had clear aims and described the procedures with benefits and associated risks. The websites that were found to have a poor quality of information score failed to provide references for their content and failed to provide medically appropriate treatment options or patient prognosis. Of the sites included in this study, one website made no mention of 'dentist' and did not advise contacting any healthcare professional for medical attention. Two websites suggested cayenne pepper as a potential treatment for 'wisdom tooth pain', while another suggested "tapping" the tooth to alleviate symptoms. Furthermore, only one site made any mention of coronectomy as a potential treatment option. Many other websites failed to mention the quality-of-life-altering risk of paraesthesia associated with removal of the third molars.

Among the websites evaluated, the proposed treatment options were a reflection of the clinical ambiguity associated with asymptomatic third molars.¹² Despite the lack of clinical literature advising prophylactic removal of disease-free asymptomatic third molars,¹³ there was an inclination in the websites studied to advocate for the removal of asymptomatic wisdom teeth to prevent potential problems. Additionally, many websites were not providing patients with evidence-based information; details on the sources of information used and when the information used was produced (questions 4 and 5) obtained the lowest scores overall.

A recent study¹⁴ assessed the quality of information on YouTube relating to third molar extraction using a similar methodology described in this study. The DISCERN and HoNCode tools were used to assess the quality of information and the standard was found to be of poor quality overall.

The wealth and diversity of information and opinions expressed across the internet make the expertise and experience of clinicians more essential. As clinicians, we must be increasingly vigilant that a patient has consented to a given treatment option for the right reasons, based on reputable information.

Clinicians should be aware of tools such as DISCERN and HoNCode, and utilise them in the development of accurate online content for their own practice. Health On the Net¹⁵ is a non-for-profit organisation that is partnered with the European Commission and endorsed by the WHO. It is committed to promoting transparent and reliable health information online, and provides certification for trustworthy sources of information. It does so by evaluating the quality and reliability of online information. It also ensures the neutrality and transparency of the information, and is considered authoritative in the information quality algorithm used by Google. The eight principles of the HoNCode can be used as a tool by which clinicians can identify websites to recommend to patients. Equally, clinicians can use tools such as DISCERN and HoNCode as a basis for the development of their own online content for their professional practice. Clinicians can also apply for HoNCode certification for their professional websites. Doing so demonstrates compliance with the eight HoNCode criteria, improves users' level of trust in the site, and thus increases its visibility via the HoNCode label.

The major limitations of this study are as follows. There is a potential for both sampling bias and examiner bias by the first two authors when conducting data analysis. However, an attempt was made to decrease this influence by using predetermined assessment criteria. With regard to sampling bias, the websites evaluated were limited to the key terms that were entered into search engines on a certain day. Additionally, websites were assessed by the third author, a clinician with appropriate academic qualifications and clinical experience – a methodology that has been employed in prior studies.¹⁶

Conclusions

The results show that the internet is an unregulated forum with sources of information of varying quality, some of which may have their own agenda. Unlike an article in a peer-reviewed journal, information found via search engines does not equate to accurate evidence-based data. It is easy for patients to take at face value testimonials and attitudes towards particular treatment options. Clinicians should present accurate, high-quality information on their online sites, as this may become an integral part of the explained risks and benefits inherent in informed consent. This result shows that the reasonable patient may be misinformed on material risks by searchable, poor-quality internet sources.

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CPD questions

To claim CPD points, go to the MEMBERS' SECTION of www.dentist.ie and answer the following questions:

1. What is the DISCERN instrument used for?

- ☐ A: It measures website readability
- ☐ B: It checks website content for misinformation
- ☐ C: It is a quality criterion for consumer health information

2. What percentage of 'wisdom tooth extraction' websites achieved an 'excellent' DISCERN grade?

- ☐ A: 3%
- ☐ B: 13%
- ☐ C: 15%

3. On average, how many google searches for 'wisdom teeth' are done in Ireland each month?

- ☐ A: 3,600
- ☐ B: 1,900
- ☐ C: 1,300



The impact of systemic conditions and polypharmacy on older patients' oral health and dental treatment

Introduction

Systemic diseases can affect people of any age, but they are much more common in the elderly population and are likely to become an increasingly prevalent issue as a progressively larger proportion of the population is aged over 65 years.

The effects of systemic diseases and their pharmacological management can have a multitude of oral presentations and impact on dentists' ability to manage these patients' oral health needs. This article will discuss the effects of systemic diseases and polypharmacy on the oral health of the elderly population, and how the general dentist can manage this patient cohort.

Cardiovascular system

The incidence of cardiovascular disease increases from around 40% in those aged between 40 and 59 years, to over 86% in those aged 80 years and above. Ischaemic heart disease due to narrowing of the coronary blood supply is the leading cause of mortality among those aged 65 and above, and can manifest clinically in several conditions, including angina pectoris and myocardial infarction. Relevant presentations of these conditions may include pain radiating to the head and neck region during an acute episode, but the primary dental relevance is through the pharmacological management of these conditions.¹ Antibiotic prophylaxis against infective endocarditis may be necessary for patients who meet the criteria outlined in Table 1 as per current American Heart Association (AHA) guidelines.²

Patients on anticoagulant or antiplatelet therapy require careful management with regard to extractions or procedures likely to induce significant bleeding (Table 2). The administration of local anaesthetic with adrenaline induces transient tachycardia and hypertension, and its use should be cautioned in patients with uncontrolled severe hypertension and uncontrolled congestive heart failure.³

Respiratory system

Chronic obstructive pulmonary disease (COPD) encompasses several respiratory conditions whereby airflow to the lungs is progressively limited. It is more common in the older population, and is almost always precipitated by an extensive smoking history.

Table 1: AHA guidelines for infective endocarditis antibiotic prophylaxis.

Cardiac conditions where prophylaxis is indicated:

- prosthetic cardiac valve;
- previous/current/relapsed infective endocarditis;
- cardiac transplantation patients who develop cardiac valvulopathy;
- any cyanotic heart disease; and,
- repaired cyanotic congenital heart defect with prosthetic material or with residual defect adjacent to site.

NB: When in doubt, consult the patient's cardiologist.

Prophylaxis is indicated for procedures involving:

- manipulation of gingival tissue or peri-apical region of tooth; and,
- perforation of oral mucosa including scaling and endodontics.

Prophylaxis is not indicated for procedures involving:

- local anaesthetic administration;
- taking dental radiographs;
- placement or removal of prosthodontic or orthodontic appliances/brackets;
- exfoliation of primary teeth; and,
- bleeding from trauma to lips/oral mucosa, including suture removal or superficial caries removal.

Antibiotics indicated – adults:

- amoxicillin 2g po (i.e., 4 x 500mg tabs or 40ml of 250mg/5ml suspension);
- if penicillin allergic: azithromycin/clarithromycin 500mg po, or cephalexin 2g po, or doxycycline 100mg po; and,
- if unable to take oral antibiotics: ampicillin 2g IM/IV or cefazolin 1g IM/IV.



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Table 2: Scottish Dental Clinical Effectiveness Programme (SDCEP) guidelines regarding bleeding risk and protocols.⁴

Procedures likely to induce bleeding (low risk): <ul style="list-style-type: none"> ■ simple (one to three) extractions; ■ incision/drainage of intra-oral swellings; ■ full periodontal examination; ■ root surface debridement; and, ■ direct/indirect restorations with subgingival margins. 	Procedures likely to induce bleeding (high risk): <ul style="list-style-type: none"> ■ complex extractions; ■ adjacent extractions (three or more); ■ flap-raising procedures; ■ gingival recontouring; and, ■ biopsies. 	Procedures unlikely to induce bleeding: <ul style="list-style-type: none"> ■ local anaesthesia administration; ■ BPE; ■ supragingival plaque/calculus removal; ■ direct/indirect restorations with supragingival margins; ■ endodontics – orthograde; ■ impressions/prosthetic procedures; and, ■ orthodontic adjustments/fittings.
Novel anticoagulants (NOACs): apixaban/dabigatran – generally twice daily. Miss morning dose, take evening dose as usual; and, rivaroxaban/edoxaban – generally once daily. Delay dose until at least four hours post haemostasis.	Antiplatelets: e.g., aspirin, clopidogrel Treat without interrupting medication but follow guidance outlined in general advice section. Vitamin K antagonists: e.g., warfarin International normalised ratio (INR) <4 (within 24 hours if unstable, within 72 hours if stably anticoagulated) Avoid if INR >4.	General advice: <ul style="list-style-type: none"> ■ limit initial treatment area; ■ staging extensive or complex treatments; ■ prophylactic packing and suturing of socket; and, ■ if in doubt, contact patient's GP or cardiology team.

While there are no specific oral manifestations of COPD, dentists should recommend that patients bring their inhalers to appointments and limit treating patients in the supine position as this can induce breathlessness.⁵ Similarly, the chronic use of steroid inhalers can predispose towards candida infections (**Figure 1**), so patients should be advised to rinse their mouth after each inhaler use.

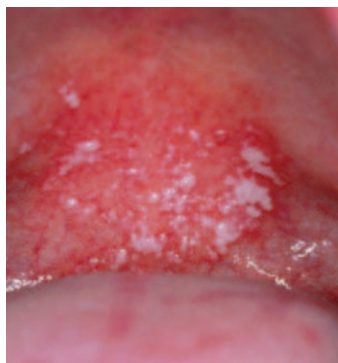


FIGURE 1: Candida infection due to inhalers.

Xerostomia-related problems may also arise from this condition, including gingivitis and increased caries risk. In addition, a relationship between chronic periodontitis and COPD has been highlighted, with studies suggesting that better management of periodontal health is associated with fewer exacerbations of COPD.⁶

Diabetes/endocrine system

Diabetes mellitus is a rising issue among our increasingly ageing population. Of dental relevance, diabetic patients are at an increased risk of suffering hypoglycaemic episodes during treatment, so it is important to ensure that the patient has had sufficient food prior to treatment, as well as scheduling short morning appointments when endogenous cortisol levels are highest, and avoiding times of peak insulin activity (one to two hours post administration). There is long-described evidence demonstrating an association between uncontrolled diabetes and an increased incidence and severity of periodontal disease.⁷ Poorly controlled diabetes can also compromise the immune system

and predispose towards fungal infections, and in later stages, peripheral neuropathies may lead to altered or reduced taste and smell. In these cases, discussion with the patient's physician may be advisable before proceeding with dental treatment.

Patients on long-term corticosteroids for endocrine issues such as primary adrenal insufficiency may require supplemental glucocorticoids (100mg IM hydrocortisone) prior to dental procedures likely to induce stress, e.g., dental extractions. Liaising with the patient's GP is advised to ascertain an appropriate management plan in these cases.⁸

Neurological system

Transient ischaemic attacks and cerebrovascular accidents

Transient ischaemic attacks (TIA) and cerebrovascular accidents (CVA, i.e., strokes) are clinically similar conditions characterised by acute onset of focal neurological deficits lasting less than or more than 24 hours, respectively. The incidence of TIAs and CVAs increases with age.

The resultant disability following stroke can lead to diminished mobility and impaired communication.⁹

A prompt oral examination following stroke is advisable to identify dental hygiene needs and formulate an appropriate care plan. Stroke patients frequently report oral dysaesthesia, burning and pain, difficulties in co-ordination of oral hygiene activities and tolerating denture wear, and tendency towards oral candidiasis.¹⁰

Following a stroke, patients are generally placed on anticoagulant therapy to prevent further strokes from occurring. Historically, vitamin K antagonists such as warfarin were the mainstay of anticoagulant therapy and are still widely used in Ireland, especially among older patients. In these patients, INR must be carefully monitored, with dental procedures possible under the guidelines outlined in **Table 2**.

Dementia

Another neurological disorder encountered frequently among the elderly is dementia. It is most often caused by Alzheimer's disease, leading to progressive atrophy of the brain.

Dementia presents with loss of memory and comprehension, which progresses over time, leading to an inability to maintain adequate oral health practices, as well as difficulty communicating and identifying issues such as pain or difficulty eating. This makes dementia patients acutely susceptible to dental pathology.¹¹

Mental health

Elderly patients can be prone to mental health issues, for example depression, which can be caused by living with chronic medical illness, disability, family disruption, and feelings of social isolation. It has been evidenced that rates of depression, including among the elderly, have increased substantially since the onset of the Covid-19 pandemic.¹² People living with depression are more likely to exhibit neglect of their oral health in terms of daily hygiene, poor diet and irregular dental attendance. Moreover, the pharmacological management of depression can lead to dryness of the oral mucosa, resulting in discomfort and an increase in caries risk.¹³

Parkinson's disease

Older patients' co-ordination can also be affected in Parkinson's disease, a neurodegenerative disorder whereby loss of dopaminergic neurons within the basal ganglia leads to tremor, spasticity, and bradykinesia. Hypersalivation can occur in early stages of the condition, leading to drooling, while in later stages dysphagia is commonly reported.¹⁴ These, in combination with neck rigidity, can lead to challenges in the delivery of adequate dental treatment. For example, bite blocks may be utilised to maintain mouth opening, and physical activities such as squeezing a ball may help to reduce tremors. In addition, Parkinson's patients and others with affected manual dexterity may benefit from toothbrushes with modified handles (Figure 2).



FIGURE 2:
Example of
toothbrush with a
modified handle.

Cancer



FIGURE 3: Mucositis of lower labial mucosa and sulcus.



FIGURE 4: An example of MRONJ of the mandible.

Oral cancer incidence is rising, especially among the elderly, emphasising the importance of adequate training for the dental practitioner in screening. Chemotherapy and radiotherapy can have a deleterious effect on the oral cavity, with oral mucositis (Figure 3) being one such effect (a frequently debilitating

condition characterised by erythema, ulceration and oedema of the oral mucosa that lasts the duration of treatment). Cytotoxic medications such as 5-fluorouracil and methotrexate are associated with a particularly high incidence of mucositis.¹⁵ Effects can be reduced by:

- topical anaesthetics, e.g., lidocaine, 0.15% benzydamine hydrochloride mouth rinse;
- soft-bristled toothbrush;
- non-irritating fluoride toothpaste, e.g., BioXtra;
- eating frequent, soft, small meals;
- 5mg dissolvable Prednesol tablets for oral ulceration (held in mouth up to six times per day for five minutes at a time);
- zinc supplementation; and,
- opioid analgesia in severe cases.

Furthermore, the use of high-dose IV bisphosphonates, generally for bone involvement such as in cases of metastases in prostate cancer, is associated with medication-related osteonecrosis of the jaw (MRONJ – Figure 4).¹⁶ This has been covered in a previous article in this series.¹⁷

Bone disorders

Osteoarthritis/rheumatoid arthritis

Osteoarthritis (OA) is the most common form of arthritis, manifesting clinically as progressive joint pain and stiffness. Rheumatoid arthritis (RA) is an inflammatory autoimmune disorder affecting around 1% of the population, where the polyarthritis tends to present symmetrically. Both are generally managed via non-steroidal anti-inflammatory drugs (NSAIDs), although in severe cases of RA immunomodulatory agents may be required.

These arthritic disorders may affect patients' manual dexterity and consequently their oral hygiene. In addition, arthritic changes may occasionally be observed in the temporomandibular joint (TMJ), as well as the atlanto-axial joint in the cervical spine, which may be vulnerable to injury while lying supine for extended periods.

Osteoporosis

Osteoporosis is a progressive, systemic skeletal disease characterised by lowered bone density. Oral bisphosphonates, such as alendronic acid, are often used in the management of osteoporosis. As discussed with relation to malignancy, patients require a dental assessment prior to initiation of therapy, with any pertinent dental work to be carried out then. The risk of developing osteonecrosis is much lower with oral bisphosphonates than with intravenous treatment.¹⁸ A protocol for extraction planning and management in these patients is outlined by Prof. Finbarr Allen in a previous article in this series.¹⁶

Case report

A 68-year-old female attended the emergency clinic of Cork University Dental School and Hospital complaining of acute dentoalveolar pain related to the mandibular left second molar. Her medical history was significant: for atrial fibrillation she was taking apixaban 2.5mg twice daily; for hypertension and hypercholesterolaemia she was taking bisoprolol, perindopril and atorvastatin; and, for osteoporosis she was given twice-yearly denosumab injections. She had no known drug allergies, had never smoked and did not drink alcohol. On examination, the second molar tooth was grossly carious, with a diagnosis of pulpal necrosis and acute apical periodontitis. There was insufficient remaining

Table 3: An outline of some commonly prescribed medications and their potential oral/dental impact.

Condition	Medication	Possible oral/dental impact
Hypertension	Angiotensin-converting enzyme (ACE) inhibitors (e.g., ramipril) Angiotensin II receptor blockers (e.g., valsartan) Calcium channel blockers (e.g., amlodipine) Diuretics (e.g., furosemide)	Dry mouth Lichenoid reaction
Hypercholesterolaemia/hyperlipidaemia	Statins (e.g., atorvastatin)	Interaction with fluconazole (alternative = nystatin 5mg/ml QDS)
COPD	Short-acting beta-2 agonists (e.g., salbutamol inhaler) Long-acting beta-2 agonists (e.g., salmeterol) Steroid inhaler (e.g., beclometasone – Becotide)	Dry mouth Candidal infection
Insulin-dependent diabetes mellitus (T1DM)	Insulin	May predispose to hypoglycaemic episode – peak activity 100-120 minutes post administration (avoid appointments then)
TIA/CVA prevention Maintenance post-bypass graft/valve replacement	Vitamin K antagonists (e.g., warfarin)	See above SDCEP guidelines for extractions. Interactions that may increase INR: 1. Metronidazole (alternative = clarithromycin 500mg BD). 2. Fluconazole (alternative = nystatin 5mg/ml suspension QDS).
	Antiplatelet agents (e.g., aspirin)	Avoid co-administration with NSAIDs (alternative = paracetamol)
Depression	Tricyclic antidepressants (e.g., prothiaden) SSRIs (e.g., fluoxetine)	Dry mouth (increased caries/periodontal risk)
Parkinson's disease	Levodopa/carbidopa	Dry mouth Mouth/throat pain
Chemotherapeutic agents for oral cancer	Cytotoxic agents (e.g., 5-fluorouracil) Platinum-based antineoplastic agents (e.g. cisplatin)	Mucositis/oral ulceration Dry mouth Candidal infection Vomiting
Primary adrenal insufficiency	Corticosteroids (e.g., hydrocortisone)	Risk of adrenal crisis (supplemental corticosteroids before stressful procedures)
Osteoarthritis/rheumatoid arthritis	NSAIDs (e.g., ibuprofen, diclofenac)	
Osteoporosis	Bisphosphonates (e.g., alendronic acid) RANKL-inhibitors (e.g., Denosumab)	MRONJ (see extraction guidelines in Prof. Allen article) ¹⁶

supragingival tooth structure to attempt root canal treatment (RCT), so extraction was decided upon as the only viable course of treatment. Management was as follows:

- risks of postoperative bleeding and MRONJ explained and consent obtained;
- deferral of the morning dose of apixaban (took other medications as normal);
- administration of a loading dose of 2g amoxicillin one hour pre-op, along with 0.2% chlorhexidine mouth rinse;
- extraction and use of Gelatemp haemostatic sponge and one simple interrupted resorbable suture;
- prescription of a one-week supply of amoxicillin 500mg plus chlorhexidine 0.2% mouth rinse postoperatively; and,
- review four weeks later.

Conclusion

In conclusion, it is imperative that the systemic health circumstances of all patients are duly considered in the delivery of dentistry. This is especially important among elderly patients as they are more likely to have existing comorbidities and polypharmacy issues, leaving them at an increased risk for developing oral health-related problems, and impacting on the dentists's ability to deliver adequate dental care (Table 3).

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Contemporary operative caries management: consensus recommendations on minimally invasive caries removal

Banerjee, A., Frencken, J.E., Schwendicke, F., Innes, N.P.T.

Abstract

The International Caries Consensus Collaboration (ICCC) presented recommendations on terminology, on carious tissue removal and on managing cavitated carious lesions. It identified 'dental caries' as the name of the disease that dentists should manage, and the importance of controlling the activity of existing cavitated lesions to preserve hard tissues, maintain pulp sensibility and retain functional teeth in the long term. The ICCC recommended the level of hardness (soft, leathery, firm, and hard dentine) as the criterion for determining the clinical consequences of the disease and defined new strategies for carious tissue removal: 1) selective removal of carious tissue – including selective removal to soft dentine and selective removal to firm dentine; 2) stepwise removal – including stage one, selective removal to soft dentine, and stage two, selective removal to firm dentine six to 12 months later; and, 3) non-selective removal to hard dentine – formerly known as complete caries removal (a traditional approach no longer recommended). Adoption of these terms will facilitate improved understanding and communication among researchers, within dental educators and the wider clinical dentistry community. Controlling the disease in cavitated carious lesions should be attempted using methods that are aimed at biofilm removal or control first. Only when cavitated carious dentine lesions are either non-cleansable or can no longer be sealed, are restorative interventions indicated. Carious tissue is removed purely to create conditions for long-lasting restorations. Bacterially contaminated or demineralised tissues close to the pulp do not need to be removed. The evidence, and therefore these recommendations, supports minimally invasive carious lesion management, delaying entry to, and slowing down, the destructive restorative cycle by preserving tooth tissue, maintaining pulp sensibility, and retaining the functional tooth-restoration complex long-term.

British Dental Journal 2017; 223 (3): 215-222. doi: 10.1038/sj.bdj.2017.672. PMID: 28798430.

Management of non-cavitated and cavitated caries in primary, permanent, and mixed dentition. An evidence review

Long, J., Lee, C., Schwendicke, F., Farragher, A., Keane, M.

Abstract

The purpose of this overview of reviews is to provide evidence to assist with the development of clinical guidelines on the management of non-cavitated and cavitated caries in primary and permanent teeth. Cavitated caries include caries in both the crown and root of the tooth.

Caries (dental decay) is a disease of the hard tissues of the teeth caused by an imbalance in this process over time, where there is net demineralisation of tooth structure by organic acids formed from the interactions between cariogenic bacteria in dental plaque and fermentable carbohydrates (mainly sugars).

This overview updates an existing evidence review that was completed in 2019 and is based on 106 systematic reviews. The Health Research Board (HRB) found that there are effective alternatives to manage early carious lesions and avoid invasive restorative procedures through non-invasive (fluoride-based and other products) and microinvasive (sealants and resin infiltration) treatments. In addition, there are viable alternatives to using dental amalgam to restore cavitated caries through either direct or indirect restorations. The promising direct alternates to dental amalgam are resin-modified glass ionomer cement, compomers, and different composite resins. In addition, there are promising indirect alternates including ceramics and resin composites. Crowns fabricated from gold, metal ceramic, all ceramic, or zirconia are other alternates in specific situations. Some of these alternatives are not quite as successful as dental amalgam and some are more successful.

In addition, the HRB found that there are also improved support materials and techniques available to dentists to enhance the effectiveness of interventions and acceptability of their treatments. The techniques include methods (such as selective caries removal as well as chemical or laser caries removal methods) to maximise the conservation of dentine and reduce pain experienced by the patient. The support materials include using the most appropriate adhesive for the specific intervention.

Health Research Board 2022, Dublin. See: <https://www.hrb.ie/>.

Prevention and treatment of dental caries with mercury-free products and minimal intervention

WHO oral health briefing note series.

Overview

This publication, the first in a series of briefing notes on oral health, focuses on the prevention and treatment of dental caries (tooth decay) with mercury-free products and minimally invasive interventions. The prevalence of dental caries is a major public health problem globally. The publication, intended for non-specialists and the public at large, explains why mercury-free products and minimally invasive interventions are important in oral healthcare. It also describes six strategies using mercury-free products and minimally invasive intervention approaches to prevent and treat dental caries: fluoride toothpaste; fluoride varnish; glass ionomer cement sealants; glass ionomer cement restorations; silver diamine fluoride; and, composite resin restorations.

The document was developed in the context of the Conference of the Parties 4 (COP4) of the Minamata Convention on Mercury – a global treaty that aims to protect human health and the environment from emissions and releases of mercury and mercury compounds.

World Health Organization 2022, Geneva. Licence: CC BY-NC-SA 3.0 IGO.

Almost half of cancer deaths are preventable

Guglielmi, G.

Nearly 50% of cancer deaths worldwide are caused by preventable risk factors, such as smoking and drinking alcohol, according to the largest study of the link between cancer burden and risk factors.

Using estimates of cancer cases and deaths from more than 200 countries, researchers found that avoidable risk factors were responsible for nearly 4.5 million cancer deaths in 2019 (see 'Global cancer deaths'). That represents more than 44% of global cancer deaths that year. Smoking, alcohol use and a high body mass index (BMI) — which can be indicative of obesity — were the biggest contributors to cancer.

Nature 2022; Aug 31. doi: 10.1038/d41586-022-02355-x. Epub ahead of print. PMID: 36045169.

Quiz answers

Questions on page 249.

1. D. 17 with 169 targets
Do you know your SDG? –
<https://sdgs.un.org/goals>

2. C. May 2021
https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R5-en.pdf

3. B. 14
(The last WHA at which a resolution for oral health was passed: WHA60.17 – action plan for promotion and integrated disease prevention.)

4. C. 2 and 520
Global Burden of Disease Collaborative

Network. Global Burden of Disease Study 2019 (GBD 2019). Seattle: Institute of Health Metrics and Evaluation (IHME), 2020.
Available from:
<http://ghdx.healthdata.org/gbd-results-tool>.

5. D. 377 million
<https://www.fluoridesandhealth.ie/faqs/>

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Easolief DUO 500 mg/150 mg film-coated tablets Each tablet contains paracetamol 500 mg and ibuprofen 150 mg.
Presentation: White, capsule shaped tablet with breakline on one side and plain on the other side. **Indications:** Short-term symptomatic treatment of mild to moderate pain. **Dosage: Adults/elderly:** The usual dosage is one to two tablets taken every six hours up to a maximum of six tablets in 24 hours. **Children:** Easolief DUO is contraindicated in children under 18 years.
Contraindications: Severe heart failure, known hypersensitivity to paracetamol, ibuprofen, other NSAIDs or to any of the excipients, active alcoholism, asthma, urticaria, or allergic-type reactions after taking acetylsalicylic acid or other NSAIDs, history of gastrointestinal bleeding or perforation related to previous NSAID therapy, active or history of recurrent peptic ulceration/haemorrhage, severe hepatic failure or severe renal failure, cerebrovascular or other active bleeding, blood-formation disturbances, during the third trimester of pregnancy. **Warnings and precautions:** This medicine is for short term use and is not recommended for use beyond 3 days. Clinical studies suggest that use of ibuprofen, particularly at a high dose may be associated with a small increased risk of arterial thrombotic events. Patients with uncontrolled hypertension, congestive heart failure, established ischaemic heart disease, peripheral arterial disease and/or cerebrovascular disease should only be treated with ibuprofen after careful consideration and high doses should be avoided. Careful consideration should be exercised before initiating long-term treatment of patients with risk factors for cardiovascular events. The use of paracetamol at higher than recommended doses can lead to hepatotoxicity, hepatic failure and death. Patients with impaired liver function or a history of liver disease or who are on long term ibuprofen or paracetamol therapy should have hepatic function monitored at regular intervals. Severe hepatic reactions, including jaundice and cases of fatal hepatitis, though rare, have been reported with ibuprofen. Paracetamol can be used in patients with chronic renal disease without dosage adjustment. There is minimal risk of paracetamol toxicity in patients with moderate to severe renal failure. Caution should be used when initiating treatment with ibuprofen in patients with dehydration. The use of an ACE inhibiting drug, an anti-inflammatory drug and thiazide diuretic at the same time increases the risk of renal impairment. Blood

dyscrasias have been rarely reported. Patients on long-term therapy with ibuprofen should have regular haematological monitoring. Like other NSAIDs, ibuprofen can inhibit platelet aggregation, GI bleeding, ulceration or perforation, which can be fatal, has been reported with all NSAIDs at anytime during treatment. Combination therapy with protective agents (e.g. misoprostol or proton pump inhibitors) should be considered. Use with concomitant NSAIDs including cyclooxygenase-2 selective inhibitors should be avoided. NSAIDs may lead to onset of new hypertension or worsening of pre-existing hypertension and patients taking antihypertensive medicines with NSAIDs may have an impaired anti-hypertensive response. Fluid retention and oedema have been observed in some patients taking NSAIDs. NSAIDs may very rarely cause serious cutaneous adverse events such as exfoliative dermatitis, toxic epidermal necrolysis and Stevens-Johnson syndrome. Acute generalised exanthematous pustulosis (AGEP) has been reported in relation to ibuprofen-containing products. Products containing ibuprofen should not be administered to patients with acetylsalicylic acid sensitive asthma and should be used with caution in patients with pre-existing asthma. Adverse ophthalmological effects have been observed with NSAIDs. For products containing ibuprofen aseptic meningitis has been reported only rarely. NSAIDs may mask symptoms of infection and fever. In order to avoid exacerbation of disease or adrenal insufficiency, patients who have been on prolonged corticosteroid therapy should have their therapy tapered slowly rather than discontinued abruptly when products containing ibuprofen are added to the treatment program. **Interactions:** Warfarin, medicines to treat epilepsy, chloramphenicol, probenecid, zidovudine, medicines used to treat tuberculosis such as isoniazid, acetylsalicylic acid, other NSAIDs, medicines to treat high blood pressure or other heart conditions, diuretics, lithium, methotrexate, corticosteroids. **Fertility, pregnancy and lactation:** Easolief DUO is contraindicated during the third trimester of pregnancy. **Driving and operation of machinery:** Dizziness, drowsiness, fatigue and visual disturbances are possible after taking NSAIDs. If affected patients should not drive or operate machinery. **Undesirable effects:** Dizziness, headache, nervousness, tinnitus, oedema, fluid retention, abdominal pain, diarrhoea, dyspepsia, nausea, stomach discomfort, vomiting, flatulence, constipation, slight gastrointestinal blood loss, rash, pruritus, alanine aminotransferase increased, gamma-glutamyltransferase increased, abnormal liver function tests, blood creatinine increased and blood urea increased. Refer to Summary of Product Characteristics for other adverse effects. Adverse reactions should be reported via HPRA Pharmacovigilance, website: www.hpra.ie. **Pack size:** 24 tablets. **Marketing authorisation holder:** Clonmel Healthcare Ltd. **Marketing authorisation number:** PA0126/294/1. Supply through pharmacies only. **Date last revised:** June 2022. **Date of preparation:** July 2022. 2022/ADV/EAS/197/H.

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Dental associate required for three to five days/week (flexible) in Sutton, Dublin 13. Busy general practice with digital radiographs and scanner. Excellent working environment with friendly support staff. Mentoring support provided by our experienced clinical team. Contact: northdublindentalassociate@gmail.com.

Full/part-time associates required in a busy, modern general dental practice with orthodontics. Good opportunity to learn orthodontics along with general dental work. Full book guaranteed. Immigration/work permit assistance provided. Contact: hr dental22@gmail.com.

Cork: part/full-time associate required for well-established, modern practice. Flexible on days. High-earning position within an excellent support team. Email CV to youghaldentist@gmail.com.

Private Galway city centre practice requires a full-time associate. Please email your CV to dentistgalway2022@gmail.com.

Full/part-time associate required in north Dublin practice. Immediate start possible. Fully computerised, digital X-ray/OPG. Contact: app2dental@gmail.com.

Sligo Town: part/full-time associate required. Full, private book in an established, newly refurbished clinic. Experienced, friendly staff. Mentorship available. Digital practice, multidisciplinary. Excellent remuneration. All candidates considered. Email CV to hello@winestreetdental.com.

Dental associate required to replace departing colleague. Busy west Dublin practice, excellent support staff, great working environment. Reply with CV to dentalpost1@gmail.com.

Begley Dental is seeking an associate to replace a departing colleague. New state-of-the-art surgeries. The ideal candidate will be experienced in all aspects of dentistry. Experience an advantage but all candidates considered. Reply to fergalbegley@outlook.ie.

Full/part-time associate required for a busy, well-established Cork City practice. Highly supportive team and principal dentist. Excellent earning potential. Contact: paulcanty@yahoo.com.

Opportunity for associate dentist three/four days per week. Long-established family practice in Kilcock, Co. Kildare. Private/PRSI, modern, computerised, scanner, excellent support staff. Contact: Kilcockdental@gmail.com.

Co. Meath: rare opportunity for experienced associate to join well-established, busy list from long-term departing colleague. Extremely high remuneration, 50/50 split for right candidate. Four days per week. High demand for cosmetic dentistry. Computerised, digital radiography, iTero. Experienced, supportive team. Contact: dentalassociatejobireland@gmail.com.

Full/part-time associate required for busy Athlone practice. One hour from Dublin/Galway. Friendly and relaxed. Private/PRSI. 50% remuneration, full support. Contact: info@westsidedental.ie.

Dublin City Centre. Dame Street Dental seeks associate dentist to join our modern and vibrant team of 12 dentists and 50+ people. Full book. CBCT, intra-oral scanners, specialist dentistry. Candidate must have a genuine passion for dentistry. Nine chairs. Fully private. Contact: drshirin@damestreetdental.ie.

Kilkenny City. Part-time experienced associate required for busy practice with digital scanner, OPG, fully computerised. Strong private established books. Contact: parkmanorservices@gmail.com.

Classified advertisements are accepted via the IDA website – www.dentist.ie – only, and must be pre-paid. The deadline for receipt of advertisements for inclusion in the next edition is **Friday, November 18, 2022**. Classified ads placed in the *Journal* are also published on www.dentist.ie for 12 weeks. **Please note that all adverts are subject to VAT at appropriate rate.**

Advert size	Members	Non-members
up to 25 words	€123 (incl. VAT)	€246 (incl. VAT)
26 to 40 words	€147 (incl. VAT)	€295 (incl. VAT)

The maximum number of words for classified ads is 40. If the advert exceeds 40 words, then please contact: Think Media, The Malthouse, 537 North Circular Road, Dublin 1. Tel: 01-856 1166 Fax: 01-856 1169 Email: paul@thinkmedia.ie

Please note that all classified adverts MUST come under one of the following headings:

- ▶ Situations wanted
- ▶ Practices for sale/to let
- ▶ Equipment for sale/to let
- ▶ Situations vacant
- ▶ Practices wanted

Classified adverts must not be of a commercial nature. Commercial adverts can be arranged by contacting Paul O'Grady at Think Media.

Full-time position available for an associate dentist to join our wonderful team. You will be welcomed into a great team! Fully digital practice with OPG, CDT, hygienist, over 200 five-star reviews from patients. Open to new graduates also. Contact: kingscourtdentalpractice@gmail.com.

Dentists

Dental Care Ireland. We have a great high-earning opportunity available in our established modern practice in north Dublin. Fully flexible part-and full-time options are available. Supported by our experienced and friendly support team. Busy patient books. Contact: careers@dentalcareireland.ie.

Dublin 15. Full-time dentist position. Ideal for a newly qualified dentist. Mentoring given. Excellent support staff. Please reply with a CV by email to positionspecialist@gmail.com.

Experienced full/part-time dentist required in Bray. Modern practice, mentoring and 50%. View to partnership possible. CV application to drjohnmurphy@gmail.com.

Dental Care Ireland Kilkenny – we have a high-earning opportunity for a dentist to join our modern, established practice. Fully flexible part/full-time options, busy established book and supported by our experienced, friendly support team. Contact: careers@dentalcareireland.ie.

Dentist required for busy modern practice in Carlow Town. Excellent friendly support staff with large surgeries. Full/part-time but would consider expense sharing, etc. Huge earning potential. Fully digital, etc. Contact: montgomeryhousedc@gmail.com.

Dental Care Ireland Limerick – we have a high-earning opportunity for a dentist to join our modern, established practice. Fully flexible part/full-time options, busy established book and supported by our experienced, friendly support team. Contact: careers@dentalcareireland.ie.

Experienced dentist required three days a week to join our lovely team. You will have excellent clinical support, Exact software, digital radiography, iTero scanner, nice bright modern surgery. Contact: ellenquinn82@gmail.com.

Swords Dental requires an experienced candidate for Saturday sessions from 9.00am–3.00pm at our busy, modern practice. Increased days possible in the near future. Please send CVs to colinpatricklynam@hotmail.com.

Dentists – primary care setting. Full/part-time in Wicklow, Galway, Dublin, Kildare, Laois/Offaly. Email: unagaster@gmail.com. Phone Una on 086-035 2933.

Fully private. Busy established book. Modern practice with excellent support and mentoring. Fully computerised. Implants, facial aesthetics, rotary endo, intra-oral scanner and cameras. Tralee 20 minutes, Killarney 30 minutes. Flexible hours for right candidate. Contact: info@castleislanddental.ie.

Wexford Town, Bride Place Dental. Modern, progressive practice, with a well-established patient base and excellent support team. Relaxed and flexible working environment with excellent conditions on offer. Contact: aillhelouisemurphy@gmail.com.

Part/full-time dentist required for a well-established practice in Longford Town. PRSI/MC/private. Flexible on days. Very high earning potential. Very supportive and friendly team. Contact: midlandsdentalpractice2020@gmail.com.

Part-time flexible hours in a bright spacious surgery, fully computerised, rotary endo, digital X-rays and OPG. Private and PRSI patients only. Must be registered with the Dental Council. New graduates considered. Excellent clinical support. 25 minutes from M50. Contact: abbeydentalcareaccs@gmail.com.

Tralee, Co. Kerry. Full-time dentist required to cover three months' maternity leave from mid November onward and part-time work available thereafter. Modern, busy

practice. Fully computerised, digital OPG. Experienced nursing assistance. Contact: fiacloir@gmail.com.

Modern, well-established and busy seven-surgery private practice seeks a dentist in Swindon town centre, Wiltshire, UK, SN1 1RN. Above-average earnings. Work visa provided. Apply now. Contact: charlesquail@smileright.co.

Dentist required for busy modern practice in Cork City suburbs for Mondays, Tuesdays, Wednesdays and Fridays. Fully supported system with hygienist, orthodontist, CT scanner, and fully computerised. Excellent conditions for suitable candidate. Contact: info@guineydental.ie.

Rathfarnham, Dublin 14. Experienced dentist required for a part-time position. Full appointment book, position is available in a well-established practice. Fully computerised and digital X-ray, excellent support staff. New graduates considered. Option to lease the surgery also. Contact: info@mowldsental.ie.

Part-time position available for a dentist to join a practice in Newbridge. Longstanding patient base. Great support staff, CBCT, iTero scanner. Contact: shackletonclinic@gmail.com.

Exciting opportunity to work with likeminded colleagues in a state-of-the-art award-winning clinic. 100% private practice. Fully digitised. Excellent support with friendly colleagues experienced in all specialities. No targets. Choice of materials. Patient centred. Contact: nick@portobellodental.com.

Dentist required for a part-time position in Tallaght. Fully computerised and digital X-rays. Excellent staff support. All candidates welcome, including graduates. Full book guaranteed. Contact: annedental@hotmail.co.uk.

Dentist wanted to join two others in busy Wicklow private practice. Digital equipment. Excellent terms and full support offered. CDT and OPG. No medical card. Contact: info@rathdrumdental.ie.

Full/part-time position required for friendly and experienced dentist for computerised (Exact) general dental practice in Sandyford. Friendly patients, great staff. Please email CV to blackglendental@gmail.com.

Opportunity to join two part-time dentists and a hygienist in very busy private practice. New equipment, scanner, digital imaging, computerised, Nomad X-ray. Contact: dentaljobmayo@gmail.com.

Full-time dentist needed in busy rural Canadian clinic with mostly aboriginal patients. \$30,000 monthly salary drawn on 50/50 split. Molar RCT, complex extractions, dentures, etc. Contact: Oaa2214@gmail.com.

Dental Care Ireland south Dublin. We have an exciting high-earning opportunity with flexible hours within our modern established practice. Fully digital, iTero scanner, experienced staff, strong established book. We look forward to hearing from you. Contact: careers@dentalcareireland.ie.

Dental Care Ireland Galway City. We have a high-earning opportunity available in our modern practice. Fully supported by our skilled and experienced team. Flexible options, strong established book. Contact: careers@dentalcareireland.ie.

Locums

Locum dentist required for three months, October to December 2022, three/four days/week. Excellent remuneration in a busy, modern, multi-surgery practice in Co. Mayo. Contact: emermwalshe@gmail.com.

Specialists/limited practice

Facial aesthetics practitioner required for established clinics in Carlow/Kilkenny and Newbridge. Full support provided. Experience essential. Please send CV to southeastdental46@gmail.com.

Shields Dental & Implant Clinic has an opening for an orthodontist. This opening is in our new modern practice in Blackrock. Please express interest to Alison in HR at alison.stubbins@shieldsdentalclinic.ie.

Endodontist, periodontist and general dentist required in our busy practice. Based in Newry. Please visit www.southdownclinic.com/category/careers/ for more details or email accounts@sddc.eu.

Orthodontist. North City Dental is looking for a specialist orthodontist to join our clinic part time. Applications to northcitydental@gmail.com.

Dental Care Ireland specialists. We have great opportunities for specialist orthodontists to join our established practices across the country. Fully flexible hours. Supported by our experienced teams. Contact: careers@dentalcareireland.ie.

Dental nurses/receptionists/managers

We are seeking a qualified dental nurse. This is a full-time permanent position. We are a busy specialist orthodontic practice. This position is available from October and will include working some Saturdays and also reception duties. Contact: brenda@swordsotho.com.

Part-time practice manager. Ideally with experience in running a practice, staff management, stock control, diary management, and general day-to-day duties, excellent communication skills and neat presentation. Will consider a nurse looking to progress. Contact: pauline@clondalkindental.ie.

Experienced dental nurse/receptionist required for a busy, friendly dental practice in the north Cork area three days a week. Experience in dental software is an advantage. Email CVs to ncdreception2@gmail.com.

Dental receptionist required, immediate start, in Ballyfermot, Dublin 10. Computer skills necessary, good terms and conditions, nice working environment. Full- or part-time. CV to sbarnes@ballyfermotdental.ie.

Enthusiastic dental nurse sought to join our team in a state-of-the-art practice in Blackrock, south Dublin. Flexible terms and excellent remuneration available. Huge potential for progression and professional development with future expansion of the practice imminent. Contact: morgan@blackrockdental.ie.

Monasterevin, Co Kildare. Full-time dental nurse, immediate start, computerised general practice. Nursing/reception duties. Email CV to monasterevindental@gmail.com.

Full- and part-time dental nurse/receptionist job available in Dunboyne Orthodontics & Dentistry, Co. Meath. Training provided. Immediate start. Send CV to dunboyneorthodontics@gmail.com or phone 01-825 5682.

Enthusiastic, experienced nurse required for busy Malahide dental practice. Lovely team and plenty of support. Forward your CV to cirocio4@gmail.com.

Dental hygienists

Kilkenny city centre practice: dental hygienist required, starting one/two days a week. Friendly, supportive staff and favourable terms. Contact: dentalpracticekilkenny@gmail.com.

Full/part-time hygienist required for busy dental practice in Swords. Flexible hours and ongoing support from principal dentist and nursing staff. No late evenings/weekends. Contact: practicemanager@oneilldental.ie.

DSD is seeking a full-time hygienist to join our modern and vibrant team of 50+ people. City centre Location. CBCT, intra-oral scanners, specialist dentistry. Excellent remuneration. Nine chairs. Fully private. Contact: jobs@damestreetdental.ie.

Exciting part-time position available for a dental hygienist to join our busy private dental practice in Sutton, Dublin 13. Excellent remuneration. Friendly support staff and state-of-the-art equipment. Free parking. Fully digital practice. Flexible days available. Contact: northdublindentalassociate@gmail.com.

Part-time hygienist required two/three days/week for a private, established, independent south Dublin 18 clinic with five modern surgeries, Cavitron, Prophyjet, computerised, digital and state of the art. Experienced, friendly team and happy working environment. Competitive remuneration. Contact: eddiegoggins@gmail.com.

Exciting opportunity for a dental hygienist to join a modern, fully digitalised, state-of-the-art practice in Ballsbridge. Established busy book to take over from departing colleague. Very competitive remuneration package offered. Full/part-time hours available. Contact: office@pembroke dentist.ie.

Dental hygienist required for six-month maternity locum position from October 2022. Full or part time. Four and a half days available. Friday afternoon off! Dedicated, well-equipped hygiene surgery. Supportive team. Private and PRSI. Contact: niamh@drumcondravillagedental.ie.

Eyre Square Dental has a great opportunity for a hygienist to join its team. The position is part- or full-time, joining three other excellent hygienists and a great support staff. Please call 091-562 932 or email paula@eyresquaredental.ie for more details.

Part-time dental hygienist required for well-established, supportive, friendly practice in Longford Town. Great remuneration, flexible hours. PRSI/medical card/private. Contact: midlandsdental surgery2020@gmail.com.

Sligo: Full/part-time hygienist required for a private established practice with three newly refurbished surgeries. Mentoring available. No late evening or weekend sessions. Satelec, fully computerised and digital. Experienced friendly team and happy working environment. Competitive remuneration. Contact: hello@winestreetdental.com.

Part-time hygienist required one day a week to join a team of enthusiastic and supportive clinicians in a modern and busy dental practice in Dundalk. Please forward CVs to dublinstreetdental@gmail.com.

Busy award-winning north-east practice seeks dental hygienist part-time. One hour from Dublin/Belfast. CV to Fee Dental at mbcar06@gmail.com.

Dental hygienist required Tuesday or Wednesday afternoon to join our lovely, hardworking team at Corabbey, Midleton. Patients well maintained and accustomed to being treated by our hygienists. We look forward to hearing from you! Contact: carmel@corabbeydentalclinic.ie.

Devon Park Dental has a vacancy for a full/part-time dental hygienist to join our team. Fully equipped state-of-the-art digital practice with an excellent friendly support team. Fantastic package available for the right candidate. Contact: evonne@jmedentists.com.

Full-time position required for friendly and experienced dental hygienist for computerised (Exact) general dental practice in Sandyford. Friendly patients, great staff. Position is for Mondays, Wednesdays, Thursdays and Fridays. Please email CV to blackglendental@gmail.com.



As a member of the Irish Dental Association you can use this logo on your website and other practice material. Contact aoife@irishdentalassoc.ie for details.

Hygienist required for a few sessions a week in Cobh. Please send your CV to reception@cobhdentalclinic.com.

Dental technicians

Technician required for Cork City multi-surgery practice in-house. Mostly acrylic work. Great earning potential. Contact: corkcityassociate@gmail.com.

Seeking motivated digital dental technician, with experience in 3shape software, All-On-4 conversions, dental models, bite blocks and denture try-ins, Essix retainers and bleaching trays. Continuous training and professional development are both provided and encouraged. Contact: hrmanager@ncdental.ie.

PRACTICES FOR SALE/TO LET

Cork. Amazing value – priced for speedy sale. Long-established, three modern surgeries, with room for expansion. Very busy footfall. No new medical card. Excellent profits. Good new patient numbers. Principal and associate available for transition. Contact: niall@innovatedental.com.

Ennis, Co. Clare. Busy two-surgery practice. High turnover. Long-established, excellent location. Large, loyal patient base. Huge potential to expand patient numbers and services. Computerised, digital X-ray. Skilled experienced staff. Leasehold or freehold premises. Principal retiring. Contact: ennispracticesale2022@gmail.com.

Busy south Dublin orthodontic practice for sale. Buyer will need own premises. Current orthodontist winding down 2023. Prosperous affluent area, loyal patient base, strong patient demand, adults and especially teenagers. Transferable brand name, phone and website. Contact: orthopracticedublin@gmail.com.

Midlands periodontal practice. Three-surgery periodontal/implant practice ready to go, with room to expand. Long-established in the area. Fully private. Freehold option available. Priced to sell. Large potential for growth. Contact: niall@innovatedental.com.

South Dublin city centre. Active, private and busy two-surgery practice, excellent location. Modern equipment – HSE standards. Long-established/good footfall. Surrounded by Government and technology offices. Digitalised/computerised. Priced to sell. Large potential for growth. Principal available for transition. Contact: niall@innovatedental.com.

South Dublin. Long-established two-surgery fully private practice. Prestigious location – primary care centre. Reasonably low overheads. Plentiful parking on site. Good new patient numbers. Top-class equipment. Active hygienist. Huge potential. Principal available for transition. Contact: niall@innovatedental.com.

Single-unit, long-established busy general dental practice for sale on Dublin's northside. Available from January 2023. For more details/to register an interest, contact dublinsurgerysale@yahoo.com.

Co. Galway. Two-surgery practice, well-established leasehold. Low rent. Good modern equipment, computerised. Suit part-time practitioner as no other practice in the town. Potential for major speedy growth. Priced to sell. Contact: niall@innovatedental.com.

Co. Mayo. Very successful busy surgery for sale by owner. Massive potential for expansion. Retirement planned. For more information visit www.growsmiles.com.

Cork. Douglas Village. Purpose-built 150m² ground floor to let. Suitable for dental, medical and related fields. Email: john.ahmadi.51@gmail.com.

Galway City. Modern turnkey ground and first floor dental premises for sale/rent: 1,700ft². Two surgeries, with full planning permission in place to extend to three surgeries. Top-class decontamination/equipment. Available immediately. Strong visibility/passing trade. Contact: niall@innovatedental.com.

Co. Kildare. Long-established, well-located two-surgery practice. Well-equipped – OPG. No medical card. Computerised, hygienist. Strong new patient numbers. Low overheads. Large potential for growth. Area wide open. Good profits. Priced for speedy sale. Contact: niall@innovatedental.com.

Limerick City. Private well-established, very busy, top-class practice. Modern/walkinable premises with significant potential for growth/expansion. Digitalised, computerised, excellent equipment. Good profits – low rent. Very strong new patient numbers. Principal available for transition. Contact: niall@innovatedental.com.

Busy two-surgery practice in south-west Dublin. High turnover, excellent location. Large patient database. Computerised, digital X-ray/CT scanner. Turnkey condition. Low rent. Priced to sell. Contact: pauline@clondalkindental.ie.

Busy Cork City dental unit located within a working medical centre. Turnkey. Huge patient base. Fantastic potential. Contact: managingdirector@mdclinic.ie.

EQUIPMENT FOR SALE

Various items of equipment available due to closure of surgeries, e.g., two delivery units, Siemens certified OPG with laser read panoramic denoptic developer. Contact: Lod@orthocosmetics.ie.

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Standing firm

Dr Joanna Sikorska takes the reins as President of the IDA HSE Group for what she hopes will be a brilliant centenary year for the IDA.

Could you tell me a bit about your background?

I'm a Polish graduate from a university in Poznan. My husband is a lovely Westmeath man and in 2012 we decided to move over here. Unfortunately, it was just the middle of the recession and there was an embargo on recruitment in the HSE, so I joined a private practice. In 2018, I joined the HSE and I'm still working in the same place in the Midlands in a full-time clinical post in Tullamore covering Laois/Offaly.

How did you get involved with the IDA and how did that involvement progress?

When I arrived in the country, I was just looking to be part of the community and was trying to upskill and improve my language to get better at what I was doing. I thought the IDA was a very good way of getting all those things together. I joined the IDA and I attended the roadshows. They were very popular at the time, and I found them very beneficial. I attended the Annual Conference. I thought it was a great way to connect with people, to learn from others, and to get your CPD points. I highly recommend the IDA to everybody, especially if you're a foreign dentist, because it's a great way to get to know the Irish dental sector.

What are your aims for your time as President of the HSE Group?

In one way it's going to be a very tricky year and in another way, it's going to be a great year. When it comes to the trickiness, it's just a bit uncertain what's going to happen because we are expecting changes in the dental sector with the new oral health policy, public and private.

I want to be visible. I want to be active. I want to be approachable, and I hope the members will talk to me and I'll take everything under consideration. I want to help build the CPD programme for the public dental service, because I don't think there's enough. I will try to get involved in collaboration of the two sectors, the public and private, because the changes and the new policy are going to affect everybody. I think it's going to be very important that we continue that dialogue and that we work together.

I want to add that I am very honoured and privileged, and very excited, to be the President for such a brilliant year next year, 100 years of the IDA, and the big celebrations. I want to tell everybody that I'm definitely going to be involved in all the celebrations and I will advertise it among the members to join me.



What has been the biggest benefit of IDA membership to you?

From my point of view as a foreign dentist, it's the feeling of belonging, of community, and of support. On multiple occasions I had rung the IDA looking for advice and Fintan, Roisín and the team were absolutely brilliant. They're very experienced and at this stage have probably dealt with anything and everything, so they know exactly what to do and where to go. They're able to give you advice and help out straight away and I think that's the biggest support, the feeling that somebody does have your back. That's the way I find the IDA. I've met great friends. I've learned a lot from brilliant people. It's been an absolute pleasure.

What are the big issues the Association needs to focus on?

The biggest challenge facing the dental sector is the difficulty in the recruitment and retention of staff, and simply the lack of a workforce to treat dental patients. I believe the situation is similar across the country. The IDA needs to stay actively involved representing all dentists, making sure it is being heard and acting in the best interests of our members.

The new oral health policy is very welcome, as current arrangements are insufficient, and the public and private sectors are simply overwhelmed, which is resulting in severe difficulties for patients in accessing dental care.

As a full-time HSE clinician currently treating patients with additional needs, under 16s, and DTSS and refugee patients, I am simply wondering how the policy is going to be put into practice.

From the very beginning, the IDA stood strong and made a very strong statement and now we're just going to have to defend it and make sure we are heard and that we stay involved and connected as one group of dentists, regardless if we are GDPs or public dental service.

Outside of dentistry

Joanna is a keen golfer, as is her husband and indeed their four children, and they all enjoy the sport together.

They recently attended the Women's Irish Open and Joanna says it was great to see Leona Maguire play, who she believes is a great inspiration.

She would be interested in seeing if there is an appetite for more golf meetings among IDA members.

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